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# NEW ENGLAND MEDICAL MONTHLY

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# NEW ENGLAND MEDICAL MONTHLY:

Devoted to Medicine, Surgery and Allied Sciences.

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MARCH, 1908.

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## Original Communications.

### HOT SPRINGS, VIRGINIA.

BY HENRY S. POLE, M. D.

Member of the American Medical Association, Virginia Medical Society, Tri-State Medical Society and of the Virginia State Board of Health, Resident Physician, Hot Springs, Va., etc.

**A**S WELL known as the Virginia Hot Springs have become both as a health and pleasure resort in the past ten years, I so frequently receive letters asking such questions as: "What are your climatic conditions, are the summers very hot, are the winters severe, what diseases do you treat and what is the nature of the treatment?" and so on without end, that I have determined to give as briefly as I can information that will convey a clearer idea of the place both from its health giving and pleasurable aspects, dwelling more, however, on the former, as from my point of view, naturally, all else is of minor importance, and after 40 years of constant observation of the effects of the mineral waters when used for the diseases in which they are indicated, assisted as they are by the climate conditions, I feel more especially qualified to give an opinion along those lines.

Hot Springs is essentially a health resort, and while large numbers of pleasure seekers are naturally drawn by the beauty of the scenery, the excellence of the accommodations and

the variety of sports and diversions, its enduring claim to notice will be its health giving waters. Other pleasure resorts will spring up, equally fine climate may be procured elsewhere, but the combination of climate and a supply of water of such therapeutic value is of rare occurrence and one that fickle fortune could with difficulty lessen the value of.

Hot Springs, Warm Springs and Healing Springs are situated at a few miles distance from each other in the Warm Springs Valley, which lies close to the West Virginia border and between towering peaks of the Alleghany Mountains, from the summits of which, some of them 4000 ft. above the sea, can be seen a beautiful and wonder-inspiring panorama. The view from Flag Rock is one of the grandest in the world, limited only by the capacity of the eye. The altitude of the valley is about 2400 ft. and protected as it is by the surrounding mountains from wind storms and sudden changes a mild winter climate for such an altitude is insured, while the summers are perfectly comfortable, the nights being so invariably cool that one awakens feeling refreshed and braced, and, a fact which means much to most people, there is an entire absence of mosquitoes. The summer season is especially adapted to the treatment of certain forms of rheumatism, and to the many inquiries about our summer nights, I

can honestly state that I have known few when one or two blankets were not acceptable. The air is clear and dry, fogs being of rare occurrence. The highest summer temperature is 87 Fahr., the mean for June, July and August being 68 while in winter it occasionally gets down to zero, though such cold, I am thankful to say, is unusual.

Hot Springs is a favorite stopping place for those returning to their homes from Florida, and after a winter spent in that heaven-sent but relaxing climate, where one quickly accepts the native Floridian's belief in the desirability of putting off everything possible till to-morrow, the bracing mountain air proves most helpful and stimulating, and mind and body alike respond.

There is a tradition that the curative effects of Hot Springs waters were known by the Indians, which is doubtless true, but our first accurate knowledge is that the waters had won a sufficient reputation by 1766 to induce Lieut. Thomas Bullitt to build a hotel, and since that time numbers of invalids from every state in the union have resorted there with results exceeding the most sanguine expectations of the physicians sending them. And I would like to mention here that when a patient is sent to Hot Springs with a letter of introduction to some physician there, he does not become in a full sense of the word the latter's patient, but after taking the course of baths, etc., under his directions, is returned to his home physician, and any home treatment that may be suggested is subject to his approval.

The bathing waters resemble those of the Arkansas Hot Springs, Les Vegas, New Mexico, and Aix Les Bains, France, and these thermal waters with the elegant and elaborate methods of using them may be ex-

pected to render all the service in diseased conditions which can be accomplished by hydrotherapeutic means, while the various drinking waters, the magnesia, sulphur, soda and Healing Springs water, also play an important part in the treatment of many of the ills to which human flesh is heir. The treatment at Hot Springs, especially in those cases where the disease is the result of an accumulation of uric acid or other toxic influence in the system, is both eliminative and alterative, the object being by means of the baths and the drinking waters to eliminate through the skin and the kidneys the harmful elements in the blood, endeavoring at the same time by every means, diet, moderate exercise and rest for the nervous system to induce a proper metabolism and a building up of the patient. But the impetus towards renewed health started here must be followed by rational living when one leaves or the good work may all too easily be undone.

There is no definite number of baths requisite to effect a cure, the widely accepted idea that the proper course consists of 21 baths being most misleading. For some cases ten are sufficient, while others may require a hundred, for not only do some forms of trouble require lengthier treatment, but some patients yield more readily to the influence than others. A common experience is for people to come for "the cure" with the intention of staying three weeks, and try to crowd 21 baths into that time, with the result that they leave in an exhausted and depleted state. I am convinced that no one should take more than five baths a week—often less—and when they exceed that number they do themselves and all who are interested in their progress an injustice to say the least. When one hears that a person has been prostrated by the treatment



there is something decidedly wrong, and it is usually that he has not followed instructions.

For rheumatism, rheumatic gout, neuralgia, nervous conditions, glandular enlargements, stiffened joints, gastro-intestinal catarrh, lumbago, intestinal inertia and all troubles arising from uric acid poisoning these natural mineral waters are acknowledged to be of the utmost value, but they should be used absolutely under the guidance of a physician who from experience has learned to know their suitability in different cases. To just what the subtle influence of the waters is due no one can tell, but that the marvelous results obtained are not from the temperature alone, but also from the effects of the minerals contained therein, is an assured fact. Dr. Henry Froehling, the well known expert and chemist, who visits Hot Springs regularly to inspect everything connected with the sanitary conditions, says, "much of the influence is due to the radium contained in most minute particles in the waters." This is of course surmise, but for many years, until I realized the impossibility of doing so, I tried faithfully to get the effects by the use of artificial baths, medicating them in every way I could to imitate the natural waters, but failed every time, the failure being as marked as my success when I have been able to prevail upon a patient to follow rigidly my directions and continue the treatment.

When a patient presents himself to a physician at Hot Springs, he is put through a thorough examination, special attention being given to the heart and the condition of the kidneys, as shown by a urinary analysis (both chemical and microscopical), and if his heart is found to be sound and he has no pulmonary trouble he is permitted to take the baths. The natural tem-

perature of the water as it issues from the so-called Boiler Spring is 106° Fahr., and it is an interesting fact proved by early and succeeding accounts that as far back as there is any record it has remained unchanged, showing that the spring's source is far too deep in Earth's recesses to be affected by change of season or by the fall of rain or snow, and winter and summer alike Mother Nature pours forth this abundant supply of hot, medicinal water for the alleviation and oftentimes cure of her suffering children who seek its aid. The baths are given from 98° to 104° as is thought advisable. The patient is assigned a special attendant and room in the Bath House and is given his bath in exact accordance with his doctor's prescription, the temperature, duration and other particulars varying in different cases. The mineral baths from which the best results have been obtained are the tub and the spout. In the former the patient lies in the tub of hot water for the prescribed length of time, the temperature being kept at the desired point by the continuous inflow of the water, after which he has the "pack" which consists in lying on a couch for from five to ten minutes and being wrapped in from one to four blankets, the object being to induce a perspiration. The blankets being removed the patient is given a cold sponge or douche if so prescribed, followed by an alcohol, oil or salt rub.

In the spout bath the water issues from a tube fixed in the wall with a fall of from four to eighteen pounds, which can be regulated by the attendant according to the prescription. The great benefit derived from the spout bath is due to what might be called liquid massage. If the attendant were to play a hose upon the patient there would be a tendency to make the muscles rigid, but by the

use of the fixed spout the patient, in order to have the water reach the different parts of his body, must change his position constantly, thereby exercising while being massaged by the water. The pack, cold douche, etc., follow as after the tub bath. These two baths are sometimes given in combination, it not being unusual for the patient to be placed in the tub for a few minutes after he has had the spout, with the usual after proceedings. Another bath that has proved valuable is that known as the "Baruch" given by means of an up-to-date hydrotherapeutic apparatus with cabinet and douches, supplied *not* with the thermal waters, but with water from the Warm Springs Mountain heated to the desired temperature. In the cabinet the patient can take a sweat from one to two hundred degrees Fahr. and can have the needle bath, Scotch douche, Fan douche, Perineal douche, Sitz Bath or any of the combinations desired for neurasthenic cases, or cases of general debility, nervous exhaustion, insomnia or gastro-intestinal troubles, and as a general tonic these baths cannot be too highly commended. After any kind of bath it is of the utmost importance that the patient should retire to his room and lie down for a full hour.

On the night of July 2, 1901, the old Homestead Hotel that had sheltered guests for more than a hundred years was burned to the ground, but before the ashes were cold the Virginia Hot Springs Company had men at work preparing for the erection of a new hotel far superior to the old. The New Homestead is entirely of concrete, stone and brick, with a capacity of about 500, and with every modern improvement, steam heat, open fireplaces, hot and cold baths, electric lights, telephones in every room, elevators, electric fans, etc.,

and is all that one could desire in summer and winter, while for those who do not wish to incur the expense there are more moderate priced hotels and two or three private families who will take a few boarders.

The Homestead Hotel is connected with the Bath House, which is a magnificent structure with every facility for the giving of the various baths and with a force of trained attendants who are under the supervision of the superintendent and matron. During the fire which reduced the hotel to ashes every effort was directed towards the saving of this building, which was the result of a vast expenditure of not only time and money, but of months of study by experts in these lines of the famous health resorts of Europe, and in its arrangements and appointments the best features of the foreign establishments were adopted. Massage is generally given in the patient's rooms, and the masseurs and the masseuses are men and women of skill in their profession, educated and refined. There are several physicians, who are men of ability and thoroughly familiar with the waters and their uses.

Besides the baths (several of which I have not attempted to describe) given for the treatment of specific ills, there is in a building connected with the bath house a fine swimming pool, 85½ ft. long and 30½ ft. wide, fed by a constantly flowing stream of water with a temperature of 80 to 85°, with a cold shower for those who wish it, and many avail themselves of this opportunity to take swimming lessons, an instructor being there for that purpose.

As to amusements, there are several tennis and squash courts, one of the best golf courses in the country, well graded walks and roads, mountain climbing, fishing in the mountain streams, hunting in season and horse-

back riding and driving through scenes of great beauty and variety.

The analysis of the various springs which supply the water for drinking and bathing purposes are as follows:

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84° FAHR.

|  | Gr. per U. S. Gal. |
|--|--------------------|
| Magnesium Carbonate  | 3.13867            |
| Calcium "  | 20.70289           |
| Strontium "  | .09331             |
| Barium "   | .00699             |
| Iron (Ferrous) "   | .03033             |
| Manganous "  | .01225             |
| Zinc, Lead and Copper  | Trace              |
| Magnesium Sulphate   | 5.73208            |
| Potassium "  | 1.82069            |
| Sodium   | 2.95556            |
| " Chloride   | .68232             |
| " Bromide  | .00408             |
| " Iodide   | .00017             |
| " Phosphate  | .00933             |
| Lithium Chloride   | .05190             |
| Rubidium   | Trace              |
| Calcium Fluoride   | Trace              |
| Alumina  | .04316             |
| Silica   | 1.36697            |
|  | <hr/>              |
|  | 36.65070           |
| Carbon Dioxide combined with Mono-Carbonates to form Bi-Carbonates | 10.75326           |
|  | <hr/>              |
|  | 47.40396           |

Carbon Dioxide Gas, free,  
10:56 cubic inches.

ANALYSIS OF THE BOILER SPRING.

|                      |        |
|----------------------|--------|
| Calcium              | 22.428 |
| Magnesium            | 5.402  |
| Sodium               | 2.759  |
| Potassium            | 1.366  |
| Alumina              | Trace  |
| Sulphuric Acid       | 22.875 |
| Chlorine             | .593   |
| Carbonic Acid        | 37.000 |
| Water of Combination | 3.246  |
| Silica               | 4.500  |

COMBINATION OF ACIDS AND GASES.

|                    | Gr. per Gal. |
|--------------------|--------------|
| Magnesium Sulphate | 8.746        |
| " Carbonate        | 3.018        |
| Calcium Sulphate   | 1.895        |
| " Carbonate        | 23.076       |
| Sodium Sulphate    | 3.664        |
| Potassium "        | .667         |
| " Chloride         | .539         |
| Silica             | 1.946        |

THERAPEUTIC TIPS.

BY E. S. MCKEE, M. D.,  
CINCINNATI, OHIO.

INFLAMED JOINTS FROM RHEUMATISM.

R. Acidi salicylici, 20.00.  
Ol. ricini,  
Alcoholis, aa 40.00.  
M. Sig. Apply on inflamed joints on cotton wool and cover with oiled silk.

HAIR TONIC.

The following is recommended by the *Medical World*:

R. Resorcine, 8.00.  
Tinct. cantharides,  
Glycerinæ,  
Spir. lavend. comp., aa 16.00.  
Ol. ricini, 4.00.  
Tinct. capsici,  
Fl. ext. pilocarp, 15.00.  
Alcoholis, q. s. ad 500.00.

M. Sig. Apply with ends of fingers, wetting the scalp having previously used salt water, a teaspoonful to the pint on the ends of the fingers. Be sure to give the operation sufficient time.

ANOTHER GOOD HAIR TONIC.

R. Resorcinol,  
Quininæ hydrochloridi, aa 3.00.  
Tinct. cantharides, 1.00.  
Alcoholis dil.,  
Violet aq., aa 30.00.

M. Sig. Apply to the scalp.

#### TO PREVENT THE FALLING OF HAIR AFTER TYPHOID FEVER.

Editor Earp of the *Central States Medical Monitor*, recommends the following prescription for the falling of the hair after typhoid fever:

- ℞ Sulphuris præcip., 4.00.  
Ol. verbenæ, 0.35.  
Ol. ergotæ, 90.00.  
M. Sig. Apply locally.

#### INFLUENZA.

Swaze, in *Merck's Archives*, gives his favorite prescription for pains in the head and back, soreness of muscles, nerve tension and general discomfort:

- ℞ Acetanilidi,  
Salicini,  
Phenylis salicylatis,  
Sodii salicylatis, aa 1.00.  
Sodii benzoatis, 2.00.

M. Sig. Ft. capsulæ No. xv.  
Take one capsule every hour for six doses, then every two hours until distress abates.

#### A CONVENIENT FILTER FOR MEDICINE.

A nice, quick and convenient way to filter medicine especially for hypodermic use is to boil the water in a spoon over a match or other flame, then place in the spoon a bit of cotton and draw the medicine up into the syringe through the cotton. We thus get a perfectly clear solution.—W. J. Foster, *Dental Summary*.

#### A SATISFACTORY SUBCUTANEOUS PURGATIVE.

This is a want seriously felt in medicine. For example, in such conditions as inflammation of the stomach, when that organ is so sensitive that it will not retain a purgative. In apoplexy, coma and unconsciousness, obstruction of the esophagus or refusal of the patient to take medicine, and after certain operations, a drug which could be administered subcutaneously,

satisfactorily, would be of the greatest advantage. Many pharmacologists and manufacturing chemists have been and are studying this subject and experimenting with it, but so far with varied success.

*Magnesium sulphate injected subcutaneously* into an adult person will cause purgation. It is needless to say that this effect is produced in an entirely different way from that by the mouth. Magnesium sulphate administered by the mouth causes no increase in peristalsis, but acts by the increased amount of fluid which it attracts into the intestines. The hypodermic injection causes increased peristalsis. The injections are generally made in the arm and in doses of  $1\frac{1}{2}$  grains of a two or three per cent. solution. This result occurred only in a majority of the cases and a further objection is its supposed toxicity if directly injected into the blood.

Digitalis, pilocarpine, physostigmine and muscarine produce this effect when administered hypodermically in sufficient doses, but the ill-effects which accompany them prevent their use in this way for this purpose. Colchicine has been suggested and tried, but has been cast aside on account of its simultaneous action on the stomach and its insidious and late depressing effect on the medulla.

#### PODOPHYLLIN HYPODERMICALLY.

Podophyllin may be taken as an example of a group of vegetable cathartic solutions of which, either introduced under the skin, or intravenously, occasion increased peristalsis. Podwissotzky has found two active principles in podophyllin, a neutral crystalline substance known as podophyllotoxine ( $C_{23}H_{34}O_8$ ) and picropodophyllin. The official resin of podophyllin consists of two resins, one soluble in both ether and alcohol, the

other in alcohol alone. Squibb describes podophyllotoxine as a yellowish-white, very bitter powder, soluble in alcohol, partially in ether and chloroform, drastic cathartic. Dose by the mouth,  $\frac{1}{16}$  to  $\frac{1}{8}$  gr. (0.005 to 0.008 gm.) in alcoholic solution. Podophyllotoxine injected under the skin of an animal or man causes a purgation in from twenty minutes to one hour. The injection of  $\frac{1}{8}$  gr. under the skin of a terrier produced seven liquid stools within three hours. Podophyllotoxine injected under the skin of a cat and the cat killed a few hours later, the gut from near the stomach to the large intestine shows marked congestion. If the mucous membrane and contents of this portion be extracted with alcohol, a solution is obtained which possesses the properties of podophyllotoxine. The local irritation of this drug, when used subcutaneously, is such that it cannot be used indiscriminately. This objection holds with solutions of the other vegetable cathartics which act when used hypodermically, such as aloes, senna and colocynth.

Mackenzie and Dixon (*Edinburgh Medical Journal*, November, 1898) report numbers of experiments with podophyllotoxine hypodermically in cats, dogs and men resulting in copious evacuations in about one-half hour.

Atropine has been known to produce peristalsis in some cases when used hypodermically. It is not likely to come into favor because of its other action on the secretory glands.

Morphine injected in large doses induces purgation and vomiting in some cases. Apomorphine is a powerful emetic, but has little effect on the intestine. Codeine produces purging in animals more readily than morphine, whilst apocodeine brings on purging without any vomiting.

Salicylate of eserine has been studied

by Craig, of Boston and Vineberg of Mt. Sinai Hospital, New York. They used it in milligramme doses hypodermically every three hours producing catharsis in 50 to 75 per cent. of cases. It acts on the muscular coat of the intestine like ergot on the muscles of the uterus. It does not pour out fluids into the intestine. It will not act if the muscles of the intestines are so distended with gas that they are paralyzed.

*Apocodeine Hydrochloride*.—Guinard showed first that vomiting did not follow its use, as in the case of apomorphine. Murrell experimented with it and discovered that it was of value as an expectorant. Roviart used it subcutaneously in patients suffering from constipation and reported in its favor. Two c. c. of a one per cent. solution of apocodeine (about  $\frac{3}{8}$  gr.) injected under the skin of a man produced one or two soft motions in an hour. There is no feeling of nausea, and a slight irritation at the seat of the injection passes off in a short time. Experiments on animals go to show that apocodeine acts diametrically opposite to nicotine, that is, it causes vasomotor dilatation, fall of blood pressure, increased peristaltic movements. The absence of effect on the stomach by apocodeine may be explained by the fact that the sympathetic gives few if any fibres to the stomach. It cannot act centrally on the brain because increased peristalsis can still be seen when the vagi and cord are cut; nor can it act on the extreme periphery, for when applied directly to the living intestine all movements cease. On injecting moderate quantities of this remedy into anesthetized cats and dogs or rabbits it is easy to show that certain ganglionic cells are paralyzed. After the injection of apocodeine, stimulation of the chorda gives no increased submaxillary secretion although the secretory



neurons are active, because the exhibition of pilocarpine still gives rise to a greatly augmented secretion. We infer from this that the ganglionic cells are paralyzed on the chorda tympani.

Apocodeine lowers blood pressure, produces vaso-dilatation and increases peristaltic movement. This all occurs probably from its sedative action on the sympathetic inhibitory ganglia. It does not produce vomiting or other ill-effects and merits an extensive trial as a hypodermic purgative. One or two per cent. solution of the hydrochloride of apocodeine should be used, which solution should be filtered and neutral. Two or three c. c. should be injected for a dose.

Experiments with apocodeine hypodermically have been made on an extensive scale by Prof. Combemale, of the Lille University. In his hands the injection of 30 *m* of a one per cent. solution of apocodeine hydrochloride was followed in almost every instance within half an hour by one or two loose stools. The only bad effect he found was some irritation of the skin at the site of the injection, which was avoided by injecting the drug deeply into the muscular tissue.

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### Selected Original Articles

#### THE FALLACY OF OSTEOPATHY.

BY DANA O. WEEKS, M. D.,  
MARION, O.

Read before the Mississippi Valley Medical Association,  
at Columbus, O., October 8-10, 1907.

**A**FTER mature research and deliberation that has embodied much time and devotion, in which I have consulted personally and corresponded with many of the leading physicians, surgeons, critics and authors of this country; observed carefully the leading medical journals published; also while in the South during the past

winter and in the North just this summer, have made the subject paramount, I have gleaned from eminent men from eighteen or twenty states their honest candid opinion on the subject of the "Fallacy of Osteopathy," and feel justified in writing on the subject. You know that medical writers and critics have aptly commented upon and paid their respects voluminously and without fear or intimidation to the various "pathies" that have been inspired or sprung up in defiance of, and in competition to, or in contradistinction to the original school of medicine and surgery.

Let us take a brief retrospective. Anton Mesmer, a celebrated mystic of the eighteenth century, claimed to possess in himself an occult force derived from the stars, which he exerted upon his patients by striking their bodies with magnets. Gassner was a wonderful doctor, a kind of wild medicine man of Switzerland, in the eighteenth century. He effected his cures alone and exclusively by manipulation. He was the original osteopath, and it is said were he living could recover from Dr. A. T. Still for infringing upon his patent or pirating his trademark. Dr. Gassner influenced Dr. Mesmer to discard his theory of sidereal magnetism, and in Paris practiced upon his patients with manipulation aided by dim lighted rooms and soft, entrancing music. It is a historical fact that he benefited many hysterical women and nervous men. Upon investigation by a committee of physicians, members of the Academy of Science, appointed for the purpose of investigating Mesmer, his whole system of manipulation was exposed and shown to be a downright system of charlatanry and jugglery, and Mesmer himself to be an empiric and imposter, and he was accordingly driven from France.

From time immemorial various sects of pretended curers of human disease without the aid of medicines have appeared under as many various names, all claiming to have power of healing through some mysterious agency of their own. They operate outside of the jurisdiction of science, and in a large measure rest their claims for success upon the credulity and imagination of their deluded victims. Experience has shown that in all such instances they are quack curers, frauds and imposters. It is interesting to note the diversity of the various schools for healing human disease without the aid of medicine and surgery, and outside the pale of science, that at different times have appeared and disappeared. They are mind-curers, faith-curers, prayer-curers, manipulators, mental science or metaphysical healing, Christian science, with its absent treatment, hypnotists, enchanters, diviners, alchemists, mystics, astrologers, magicians, soothsayers, telepaths and divine-healers, all claiming to miraculous gifts in the way of curing disease—the secrets of occult science, a kind of mystical knowledge—

"Deep truths to others unrevealed,  
Mysteries from mankind concealed."

Cagliostro was another wonder-doctor of the eighteenth century, an arch-transcendental medical necromancer, who had great success as a healer and established in Paris what he pleased to call the "Triumphant School of Wisdom." He claimed to commune with the denizens of the celestial sphere, and to be able to evoke phantoms from the vast deep. He finally died in prison under an edict of the Pope.

For a hundred years the art of magic, which Byron terms, "that accursed witchery of illiterate terms," was practiced by pretenders as a mode

of healing the sick. Mark Twain has written an interesting scientific exposition of metaphysical healing known as Christian science. The daily papers contain elaborate advertisements of hypnotism as an exalted science, the late John Alexander Dowie on divine healing, and it is not to be wondered at that miraculous claims of charlatans and empirics in the art of healing are asserted where they are productive of great profit to the possessors of such systems.

I have the greatest admiration for Kentucky, which excludes charlatanry, empiricism and quackery from her borders. Fittingly have the medical authors and critics dilated upon all these "pathies" but one; singularly and solely they have left markedly alone osteopathy or manipulation—possibly because the osteopath claims his is a secret process and known only to himself, or because it has always been a branch or asset of ours. Anyway, I was asked to write on the subject for the Association, and consented to do so, and whatever I shall write shall be as unbiased and sincere as the indelible words of the immortal Lincoln, who so aptly said: "With malice toward none, charity for all, but firmness in the right." This paper, then, is not inspired as one of persecution or prosecution, but rather to turn on the search-light of investigation and elucidate measurably the workings of osteopathy.

I have been impressed by Nassauer in his recent timely address on "Physicians and Publicity," recently delivered at Munich, and who discussed the amazing revolution that had taken place in the medical profession in Germany. Nassauer said: "The coming forth into the light of publicity has proved of far-reaching importance and benefit. It was necessary at the time, and is now more than ever

necessary. Physicians now stand in the full light of publicity. Their professional life, their social relations and economic conditions are now in the glare of publicity, as well as the scientific life of medicine. If in this glare of publicity physicians worthily represent their profession, and show its strength and the power of its knowledge and achievements, and show no diffidence or cowardice in attacking those who assail science or the medical profession, then they will take the rank in the modern world to which as a profession and as individuals they are entitled.

The medical profession must hold its scientific and ethical standards high before the world to justify its claims for supremacy. The profession will rise higher in public estimation when the world sees that we are not merely preventers and curers of disease, but take an active part in the affairs of the state and community." One interesting case brought to my attention aided materially in deciding on this subject. Any humanitarian would have been prompted by the same impulse. A young father and mother with an indignant grandmother brought a dear little innocent child, eight months of age, to me for treatment, with the following explanation. They had recently moved to the city, and on inquiry for a physician, were advised that the osteopath was their choice, and the very best in the city. The mother of the child had never had a supply of nurse for the child, and they had depended on various artificial foods, until the child was suffering from general marasmus and chronic indigestion, and as a result was delicate and fretful, and I shall never forget the child's pathetic look. The parents stated that they had consulted the osteopathic physician, and he gave the child twelve treatments consisting

of manipulation over the abdominal area. At the fourth treatment the child could scarcely tolerate the manipulation over its sensitive abdomen, and protested with screams and crying, evidently with pain and discomfort. The torture at the twelfth treatment was so severe that the parents absolutely quit. The osteopath had prescribed, in conjunction with his manipulation, condensed milk. It seemed to me incredible, and to verify the condition I placed the child on my operating table, exposed the area over the abdomen, and was in the act of placing my hands gently over its stomach when it promptly reminded me of its troubles. The child was given a humane treatment, the best artificial food and some slight medication, and in a reasonable time was restored to health.

What do we mean by the fallacy of osteopathy? Hunter and Morris say that "fallacy is an unsound argument; a mode of arguing, which, appearing to be decisive of a question, is in reality not so; an argument or proposition apparently sound but really fallacious; a fallacious statement or proposition in which error is not apparent, and which is therefore likely to deceive or mislead; sophistry; deceitfulness." Gould says that "osteopathy is a disease of bone."

One so-called doctor of osteopathy says: "Osteopathy is a collection of symptoms more or less constant, not present in the normal." Another says: "It is a progressive science, and is simply the response to the demands of mankind for a therapeutic science eminently superior in points of rationality of method, freedom from injury to patient, and successful results as compared with all other methods in use." Another says: "It is veritably a common-sense method of treating diseased conditions of the body, either

structural or functional, without knife or drugs, by means of strictly scientific manipulations. It makes no demands upon the vitality of the patient, but enlists the curative powers contained within the body, which readily respond when properly appealed to. Its method is purely mechanical. The art of applying its method is dependent upon a thorough knowledge of anatomy and physiology, and a proper application of the principles involved therein, as well as a knowledge of the organic powers of the body and the nerve centers through which they may be excited to action and regulation. The osteopath, being 'a student of force,' deals with the body as a wonderfully constructed machine composed of various organs and tissues, each performing some specific function in the promotion of the vital economy, under the supervision of vital forces, and when perfectly adjusted will continue to operate its full appointed time, unless interfered with by accident or abuse."

They say "osteopathic therapeutics depends upon the mechanical principle of adjustment of structure." It contemplates that the "bodily functions are maintained by harmonious unrestricted action of all parts."

The *Journal of Osteopathy*, in the issue of August last, says: "Osteopathy is in no way affiliated with pharmacy and medicine, except as the effects of these may be known to be avoided. It runs a line of cleavage through the entire so-called 'history of medicine,' and divides it into the facts of anatomy, physiology and hygiene, on the one hand, and the facts of pharmacy and chemistry on the other. The original practitioners were anatomical and physiological. The chemical or medical practitioners were irregular; so osteopathy can show from history, reason and nature that

the 'Doctor of Medicine' is still irregular, and that the 'Doctor of Osteopathy' alone is regular. The scholarship of the medical fraternity is challenged to deny this distinction. Osteopathy is a science, medicine is not, and never has been, and all its 'doctors' cannot show that it is."

Gentlemen, any lack of education or fallacy about that? Let us delve for a few moments into a book entitled "Osteopathy Complete," by Barber, and we will confine our thoughts to treatment. They are frank enough to admit that they cannot cure Addison's disease, anthrax, hydrophobia, tuberculosis, leprosy, small-pox, Asiatic cholera, actino-mycosis, foot and mouth disease, trichinosis, hemophilia, tumors and a number of other diseases. They do claim to treat syphilis only in what they call the chronic form, and certain other diseases they greatly benefit. We will not consume the time in taking up the methods of their treatment for each disease they profess to cure, but will quote a few of the claims contained in the book:

"Typhoid fever: can be cured by manipulation in one-half the time required by any other method.

Cerebro-spinal meningitis: a skilled osteopath, if called in any reasonable time, has never been known to lose a patient."

An osteopath, in speaking of the recent epidemic at Castalia, Ohio, vouchsafed the statement that "no osteopath treated the cases.

Inflammation of the brain or its membranes: we are perfectly satisfied that brain fever, if treated in time by these never-failing principles, is no more to be dreaded than a bad cold.

Hiccough: instant cure.

Bright's disease: knead and manipulate carefully but deeply. Treat 20 minutes each day until a cure is effected.

Diabetes mellitus: placing hand over kidney and vibrating with hand for two minutes, acts directly upon the nerves, and will immediately check excessive flow of urine.

Ear cases: almost always successful, and especially so in cataracts.

Appendicitis: first treatment will usually give immediate relief."

Then in lecture 27, Hazzard, professor of principles of osteopathy in the American School of Osteopathy, 1898-99, says: "Diphtheria, of course, is a constitutional trouble. You will have to prevent the membrane forming, if possible, and that can be done. Dr. Charley Still's treatment was very largely about the neck and throat. He would treat there to keep the blood supply open.

How do you do it?

Free all the muscles and ligaments, and especially keep the anterior muscles softened and loose, so that there can be no tension there or stoppage of the blood, allowing an excretion to grow in the throat and form a membrane.

When the membrane does form, what do you do?

Cause the patient to vomit is one way, in order to throw it out, and there are certain drinks that they use to loosen the membrane."

How about laryngeal diphtheria? A doctor of osteopathy, under oath on the witness-stand, testified that "he treated all diseases by manipulation; that he knows nothing of antitoxin or the treatment of diphtheria with antitoxin; that he treats cerebro-spinal meningitis, acute inflammation, rheumatism, peritonitis and appendicitis, but refused to state how the treatment is applied or administered." Did you ever know of a reputable physician or surgeon who refused to testify as to his method of application?

Now we do know, as well as the in-

telligent laity, from vast experiences, of the marvelous results of the use of antitoxin and other serum therapy, and we do know of the marvelous success of surgical interference with the scalpel, of materia medica and therapeutics; we also know what massage does in selected cases, and osteopathy is, and always has been, just as Gould describes the term.

Article No. 3 of the American School of Osteopathy says: "The object of this corporation is to establish a college of osteopathy, the design of which is to improve our present system of surgery, obstetrics and treatment of disease generally, and place the same on a more rational and scientific basis and to impart information to the medical profession, to grant and confer such honors and degrees as are usually granted and conferred by reputable medical colleges." What greater source of research and greater opportunity for development can the osteopath unfold to us?

Permit me to give you a few authentic illustrations that shall demonstrate my subject beyond all peradventure.

"No. 1. Dr. T., a reputable physician and surgeon, had a patron who received an injury at the wrist joint, consisting of a dislocation and fracture, as the result of a fall. The same was properly adjusted, and six or eight days later, to verify the diagnosis, a skiagraph was taken, which demonstrated that the diagnosis was correct. The patient was finally discharged with a good recovery. The patient, however, was rheumatic and suffered with neuritis. She carried the forearm in a sling for an extended time; naturally, marked stiffness of the elbow and shoulder-joint resulted, with exaggerated pain on motion. Subsequently, in visiting a certain city in Ohio, the patient came in contact with a Doctor of Osteopathy. The osteo-



path diagnosed her case as a dislocation of both the shoulder and elbow joints, and promptly proceeded to adjust the same without anesthetic and without Roentgen ray examination. He was sure that she had no injury of the wrist-joint at the time. There even was no soreness, pain nor swelling, or any other symptoms to indicate any injury to the shoulder or elbow."

Is this a fallacy?

"No. 2. A young girl of a distant city, apparently innocent and without reproach, gradually began to have enlargement of her abdomen. An osteopath was consulted, and he began promptly his usual manipulations, and the more he manipulated the larger the growth became. He would say at times consolingly: 'Now don't you know that the tumor is becoming smaller?' Finally, the growth had assumed such unusually large proportions that the osteopath, in despair, gave up and said, lamentingly, but reassuringly, to her father: 'Your daughter has a tumor, and when it bursts she will die.' When the normal period of gestation terminated the young girl was delivered of a healthy babe."

Any fallacy about that?

"No. 3. A most estimable young lady, educated and refined, residing several miles in the country, suffered with cancer of the stomach. The family had been 'dyed in the wool' osteopaths, so that only the osteopath treated her case. Finally, a few of the indignant neighbors after effort succeeded in persuading the family to call in a reputable physician to see her. Two highly reputable physicians saw her and diagnosed her case as cancer of the stomach. The patient was then suffering agonizing pain. The physicians frankly stated that all they could do was to relieve the patient's suffering. The proffered aid

was refused, and the osteopath continued the case. The patient's cries could be heard in the neighborhood, and she died by inches in greatest torture."

Any fallacy? Any need of higher education along these lines? Are these days of higher civilization, or are we among barbarians who know not common humanity's needs? Yet these osteopaths are regular graduates of the best osteopathic schools in the country, and the laity are a party defendant to such unwarranted and unceremonious methods of treatment. Do you and I permit such mistakes to occur continually in our every-day practice as physicians and surgeons? If we did, the laity would be provoked to greatest anger.

"No. 4. Dr. C., a highly reputable physician and surgeon, reports a case of a lady, aged 33 years, treated by an osteopath for several days. He diagnosed her case as prolapsus uteri. The osteopath represented that he had replaced the uterus three times. His manipulations became so severe that the patient rebelled, and he finally performed his manipulations under restraint (having assistants to hold the patient). The osteopath was finally discharged and Dr. C. was called. He diagnosed the case as retention, and promptly catheterized the patient, and she passed nearly four pints of urine. He also found the position of the uterus normal. The patient had a good recovery. Several days afterward, in settling the account with the osteopath, the osteopath said: 'I knew that I would rub the trouble out of the womb into the bladder.'"

"No. 5. Dr. C. also reports a case of fibroid phthisis, lady aged 50 years, last stage of disease. The osteopath was called and proceeded to treat the case. With the explanation that 'her ribs were too close together and pinch-

ed upon nerves,' he would 'replace the ribs by rubbing them apart and relieve the disease.'"

"No. 6. Dr. Y., a reputable physician and surgeon, reports a case of locomotor ataxia. The osteopath had guaranteed a cure. Patient was compelled to quit his treatment. Patient collapsed, confined to bed, and in a precarious condition."

"No. 7. A personal friend of mine, a neurasthenic, who has traveled the world over, consulted the best specialists on nervous diseases, with no substantial relief, finally consulted the osteopath, and his treatment proved of no value after fifteen months' devoted effort."

Let me quote what the pre-eminent jurist, the late Justice Field, of the Supreme Court at Washington, D. C., (the highest tribunal in this country), in giving the unanimous opinion of the Supreme Court, said:

"No profession requires more careful preparation by one who seeks to enter it than that of medicine. It has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the properties of vegetable and mineral substances, but of the human body in all its complicated parts, and their relations to each other, as well as their influence upon the mind. The physician must be able to detect readily the presence of disease, and prescribe appropriate remedies for its removal. Every one may have occasion to consult him, but comparatively few can judge of the qualifications of learning and skill which he possesses. Reliance must be placed upon the assurance given by his license that he possesses the requisite qualifications. Due consideration, therefore, for the protection of society may well induce the State to exclude from practice those who have not

such a license or who are found, upon examination, not to be fully qualified. No one has the right to practice medicine without having the necessary qualifications of learning and skill."

Not only has the Supreme Court of the United States expressly held such State statutes as the one under consideration for the protection of health, limb and lives of citizens, but in almost every State in the Union the constitutionality of such legislative acts has been upheld by the State courts of last resort.

Their theory, then, is based upon the presumption that there is some anatomical defect in each individual who has symptoms and disease. They claim to be unusually expert in anatomy and are, therefore, able to recognize these deformities as the ordinary doctor cannot, because of the motions through which they put their patients. They do have a decided effect upon neurotics, and, like Christian science and other fake treatment, relieve that class of people.

The facts are that the great body of that profession are not well-educated even in anatomy. There is evidence enough of this in the experience of physicians with them. Besides, in their schools they do not study anatomy more diligently than in the ordinary schools of medicine, and, in fact, not as fully. In many instances they do not dissect a whole body. The main objection or fallacy of the osteopath is that there is no reason for his existence. Frank Billings and a magnificent chorus join in the echo. Osteopathy of itself will not cure any known disease. If considered as a part of physical therapy, like massage, Swedish movements, Delsarte, etc., it may be useful in selected cases. There is no more reason to dignify the physical movements which they use as a "pathy" than to dignify the masseur

and others who use physical treatment by some "pathic" suffix. A vast multitude has said osteopathy should be eliminated, and with it statesmen and politicians who champion its cause.

Several of the most eminent men of our profession, after full and exhaustive investigation, have testified under oath as to the qualifications of the osteopath to practice, and their universal opinion and belief is that "osteopathy is not a system for curing disease; in fact, it is dangerous and hurtful in most diseases, and especially to invalids, who should receive such treatment."

It is evident that the simultaneous flood of osteopathic bills is the result of a well-planned effort to secure in each State legislation which will give the individual osteopath all the privileges of a member of the medical profession, while expressly stating that he is not practicing medicine. In addition to these bills, they provide for unlimited and practically universal reciprocity, and also permit the board to substitute a variety of other qualifications for the educational requirements, thus allowing the licensing of practically anyone whom the board may wish to license. The bills provide for a separate board of osteopathic examiners and for an examination before licensing, but with so many exemptions as to practically nullify the examining features.

Again, where is the fallacy of osteopathy? In the book of Genesis, second chapter, verses 21 and 22: "And the Lord caused a deep sleep to fall upon Adam and he slept: and He took one of his ribs and closed up the flesh instead thereof. And the rib which the Lord God had taken from man made He a woman, and brought her unto the man." This was possible, as all things are possible with the Creator, but the so-called osteopath can-

not take a rib from the grand old school of medicine and surgery and create a school therefrom, which they proclaim is not only *par excellence*, but even greater than the embodiment of the whole school of medicine and surgery.

The *Journal of Osteopathy* for December, 1906, under the article "Confessions and Fallacies," says: "While osteopathy lacks a few years of being as old as scientific medicine, this Richmond has certainly has made his presence felt in this country as no other system of therapy has hitherto." The mouthpiece of osteopathy also says: "Let us remember that we are all pioneers in the profession; that our school is the modern one of the day."

Another great fallacy of osteopathy is that its advocates consider that it is separate and distinct from our school of medicine, when it is a component branch of our own. It differs radically and entirely from schools of medicine, both in its points of view and in its method of treatment. If we were to admit that they had an equal right to practice, they could widely overstep the confines of their "pathy," and actually assume and prescribe some methods and usages wholly foreign to their bounds and teachings, and they have no moral or legal right to do so.

Let us with voice, pen and deed demonstrate to the great commonalty, to the honest, intelligent, reliable statesmen, to the flexible politicians, and all, the pitfalls and snares which they can avoid.

#### DISCUSSION.

DR. H. W. WHITAKER, Columbus, O.: I want to say that the Doctor's paper is timely, because at this time, in the city of Columbus, the capital of the state of Ohio, there is a law permitting osteopaths to apply their calling, even sanctioning their existence by what would seem special legislation.

In the matter of treatment, this cult claims to cure all and every kind of disease by their especial art and process, which is said to be the only scientific one, or an exact science. There is something wrong in the practice of medicine to-day, if this is true. There is something wrong with the mental operation of a large number of our inhabitants, who, seemingly, are prone to accept new doctrines without questioning or consideration, and demand something to please their subjective minds, when, in all reality, there is nothing to treat but functional disturbances or a wrong method of thinking. Such persons are self-centered; they are curable or regulated by any physician with the simplest method of suggestive application, provided the physician will carefully consider and minutely investigate their introspections, their fears and foibles. Unless they are relieved of these mental distresses, and their subjective attitude considered, they soon drift into osteopathy or some other cult, which can, will, or offers to relieve them.

Not far from us, on this street, is a temple dedicated to cult of another form, which largely recruits its followers from a certain class of people not materially different from those who seek osteopathy; this same class of people sought and followed Dowie, and for the same reasons. Both of these cults receive recognition from the state of Ohio. The state of Ohio also wisely protects its citizens from spurious practitioners of medicine. If the state of Ohio demands education extending over a graded course of study and an examination for the one, why not for all the same? Is not this a favorable opportunity to inquire into this? Let the medical profession "get together" and see to this condition, and, if possible, have an adjustment arranged.

DR. GEO. P. SPRAGUE, Lexington, Ky.: I believe the last speaker touched the keynote of the matter—that it is the profession that should be blamed. A great many of the osteopaths are honest, well-meaning people. They are ignorant and often illiterate, and certainly ignorant of what they are claiming and trying to do. But they do good, and three epigrams apply to them very pertinently—one of Cleveland's, "It is a condition and not a theory that confronts us;" another one of Boss Tweed's, "What are you going to do about it?" and a third one of Barnum's, that the public likes to be humbugged. We have in my town one osteopath who was a failure as a preacher but a great financial success as an osteopath, and is accumulating a very good property. To my knowledge he has relieved a woman who for years had some debility at her menstrual period. One of my patients whom I had not very much success with went to him and was also relieved. Now that is a condition. It is not a reproach to osteopathy. This man, I know, killed a child with Potts' disease by his manipulations, but he did it just as innocently as he cured my former patient. We should blame ourselves for so treating the public that they have occasion to go to the osteopath. For that reason I regret that our medical law is slowly driving out the osteopaths. Three years ago the profession of the state went before the legislature to try to keep the osteopaths from practicing in the state. We found we had an adverse legislature, and we had to do one of two things—either get a bill allowing them to practice in the state as physicians, or a bill allowing them to practice under a separate board of examiners. We passed a bill allowing them to practice as physicians, with the proviso that on their particular branches they should be

examined by osteopaths, members of the State Board, but that they should also pass all the essential branches in regular medicine. They accepted that very willingly, but it has had the effect of keeping out all new men since the law went into effect. I regret that, because they have been an example to the regular profession by taking our patients away from us and curing them when we fail through what we are neglecting to do.

DR. JOS. JONES, Columbus, O.: I suppose there is not a physician in general practice who has not run up against the osteopath. I wish it was possible that this paper could be in the hands of every physician in the state and copied in the daily press, that the people might read it. This I consider one of the most important papers read at the meeting. The reason we have them in Ohio is because of the fact that our senior United States Senator dignified it by his advocacy. Dr. Olson, the first president of the State Board, can tell you that if it had not been for our senior United States Senator we would have had no osteopaths in Ohio.

DR. WM. BARCLAY, Pittsburgh, Pa.: Without leaving the chair I wish to commend the paper read by Dr. Weeks. The doctor who lives in this city (Dr. Whitaker) evidently told us the whole truth when he directed us to look to the profession of medicine. I feel that the fault lies in the profession that we have so many of these fads and fallacies. We permit these things to grow, believing apparently that they will die of themselves, but that is not the rule. I am acquainted with one osteopath in Pittsburg, a cultured gentleman. A short while ago he said his office expenses and so on were \$5,000 a year. Many years ago I taught school, and I am something of a mathematician, and from some apartment houses owned by the gentleman I came to the

conclusion that osteopathy in Pittsburg was a better money-making scheme than regular medicine, and I suspect that is generally true. They have little regard for the truth, and, like the signs on the fences which say, "We work while you sleep," they work on and say little. Where people say little and go forward, they as a rule succeed in humbugging the public. I feel that the regular profession should become more active and demand from our legislatures laws which are sufficient to protect the profession of medicine, protect society, and then a great many of these fads and fallacies would soon disappear.

DR. WEEKS (closing): I appreciate the many excellent comments made on the paper. It has served the purpose for which it is intended. It has evidently awakened a deep interest in the subject. I am amazed at the little attention given to this subject by the medical profession in general, and yet the damage done to the profession! I think that the line ought to be made very definite in this matter. We ought to be alive and awake to our own interests. If we allow osteopaths to practice beyond their limitations in our midst, we are measurably responsible, and it is time that we should awaken to this fact.

I thank you, gentlemen.

*The Lancet-Clinic.*

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AFTER PAIN.—In the treatment of after pain, it is desirable that we secure a remedy which will relieve the pain without interfering with the uterine contraction. White cohosh will both relieve the pain and strengthen the contractions, preventing postpartum hemorrhage. This is a desirable combination.—*The Kansas City Med. Rec.*



## METHOD IN MEDICINE.

BY M. C. MITCHELL, M. D.,  
BURLINGTON, VERMONT.

**F**ROM the earliest trace of medical literature to the book yet damp from the press, the importance of method has been recognized. To be a naturalist or a rationalist, an empiric or an eclectic; to hold to humoralism or to solidism, to chemicism or mechanicism; to believe in science or experience; was to be learned or ignorant, worthy or unworthy, a philosopher or a fool, as the fashion of the time or place dictated.

The interest evinced in method is clearly intrinsic. Every case presents and must have presented it. What has occurred to the patient and how can the disability be removed or avoided? These are the problems that through all the ages have confronted the medical mind. In what way have mankind sought to solve these problems?

The many different systems that have embodied the medical wisdom, and expressed the medical purpose of the different ages have derived their characteristics from one of three methods, which I venture to designate the attributive, the empirical and the rational. Appearing in the order in which they are here enumerated, these methods still exist, and are now in a greater or less degree exerting their influence on the medical mind. They are, however, as different in their aims and agencies, as was the date of their introduction. What then are their characteristics, and what influence have these methods had on the science and art of our profession?

By the attributive method, is meant that method in medicine which is characterized by its attributing disease or cure to some power out of the structure or processes of the human

body or any of its physical relations. It is illustrated in the earliest period of medical history, when it reigned alone. The disciples of this school attributed disease to the gods, and sought to cure it by incantations to the particular deity supposed to need placation. To the extent then, that any system of medicine attributes the production of results—as the cure of a patient—without the intervention of physical agent or process, it may be called attributive.

The empirical method is characterized by seeking to cure disease by such agents as experience has shown to possess properties competent to that end, without regard to our knowledge of the conditions constituting disease, to any of the component parts of the remedy employed, or to any of the links in the chain of events which connect the remedy and the cure. It was illustrated by Rush, when he recommended the drinking of wine by the quart or gallon for the cure of tetanus, and until within the past few years by us all when we gave quinine to arrest the paroxysms of intermittent fever.

The rational method is characterized by requiring knowledge of the conditions and processes which constitute health, together with those changes of relations and their results, which are named disease, and a knowledge of the powers of every agent employed in their influence on these processes; that, by the adaptation of appropriate means to the ends sought, health may be preserved, or failing in this, disease may be limited and its results removed. It may be seen in the surgical appliances used in the treatment of a fracture of a long bone; the extension and counter extension, the coaptation, the support, rest and other necessary agencies which may be employed. Or it may be illustrated by version of the

fetus in a lateral plane presentation, and in every case of sickness in which, from intelligent appreciation, all the conditions: air, temperature, quiet, cleanliness, food and medicine, are to the highest degree in favor of the patient or by the giving of quinine in malaria as we now give it. Its grand effort, is to know the processes of the body and the agents which can modify them.

Let me illustrate these methods in their application to one disease, viz., aphonia. When a patient suffers loss of voice, the method by attribution says: the gods have struck him dumb, and hence they pipe and dance that the gods may restore his voice. The empirical method says, many things have been found useful in aphonia. You can give tonics, hot teas, stimulating drinks, mercury, astringents, gargles, stimulating inhalations, strychnine, and apply nitrate of silver directly to the internal surface of the larynx; you can pack him in cold water, swathe his throat in cold water, in hot water, in any filthy thing. The homœopathist sagely suggests, "give him some millionth of a grain of vegetable charcoal." The rational method enquires, upon what does phonation depend, and which of these inter-dependent parts is at fault? How shall it answer these questions? How shall it know as to the one, at least, essential condition, structural integrity? Packed away, as are these parts, at the base of the tongue, and hidden in the dark and sensitive pharyngeal well. Knowing the laws governing polished surfaces and reflected light, rationalism invents the laryngoscope and brings to the eye, it may be, the offending tubercle. The first was sure the cause was with the gods; the second, that there was no safe guide to cure, but experience; the third, mastering the conditions of perfect phonation, by

contrivance, brought the parts under observation, and thus widened the boundaries of our knowledge and the possibilities of our art.

It is true that, with the exception, perhaps, of the first of these methods, they have not existed separately in any age, but have worked side by side, and, practically, have modified each other in character as they have overlapped each other in time. Nor have these methods been used singly by any individual practitioner. I know we hear of practical men who do not follow theory, but are the disciples of experience; but it is only in theory that any practitioner is such. Practically the torch of scientific research throws its light on his path, and he readily and gratefully receives the illumination. Nor is it to be supposed that the step from a belief in the supernatural origin of both disease and cure, to that of physical cause of, and of the influence of remedies on, diseases and accidents were suddenly taken, or by any number of people in any given place. The votive tablets, left by grateful patients at the temples, were something more than records of thankfulness; they were medical history and doubtless contributed to the introduction of more material views of the origin and control of disease. Nor has the use of medicines as potent in the cure of disease as yet given place to their more rational employment, as agencies in the cure of the sick. Indeed, it is not too much to say that these methods are, to a great degree, still influencing medical philosophy and medical art.

In confirmation of this statement, let us consider the influence of the earliest born of these methods—the method by attribution. Had this method but one expression, few words would be necessary to compass its influence or relate its history. It has,

however, constantly reappeared, and to-day claims as devoted followers as had Egyptian priest, or oriental magician.

When the Greeks reasoned of, "how it is, that mind can enter into relation with matter, so that the two things so utterly dissimilar may act upon each other," much of the perturbation observed in the body was attributed to the influence of the mind. Hippocrates clearly held to a kind of mortal soul, possessed of passions and attributes lodged in the trunk. Paracelsus taught the existence of an Archieus, an imaginary demon whom he supposed resided in the stomach, presiding over nutrition, selecting and distributing the food. His able disciple, Von Helmont, denied the possibility of the Archieus; but each member had its vital spirit; their consensus produced health—their disagreement, disease. As late, even, as the first part of the seventeenth century, Descartes recognized vital spirits, though now impersonal—a secretion from the blood by the brain—yet moved unconsciously by the objects of sense. In all these, health and disease were regarded depending on that which had no existence, except in the imagination of those who believed it.

The most popular medical absurdity of our times is as purely attributive, as were the cures by incantation and magic. Its central notion of a dynamical or moving force, active in itself, which rules the organism, and is acted on by morbid causes, producing derangement and perversion of the functions of the body, is a pure invention. There is no more evidence to support it, than there is that Pluto caused the death of Esculapius in revenge for the many persons he saved from the grave.

And in my judgment, the views entertained of the *Vis Medicatrix Natura*

by many to-day are as open to criticism as was the form in which it was held by Hippocrates. That he regarded it as a force apart from and independent of the conditions and processes of the body is, I think, indisputable, and that this doctrine, held in this form, is as destitute of real foundation and as pernicious as any of the other expressions of the attributive method, hardly admits of doubt. The protective and reparative forces of nature are expressed in the organs and processes of the body itself, and not in any added principle or force, which, dormant while danger is afar, rouses itself into activity on the incursion of a foe. In the rejection, by the digestive fluids, of innutritious substances, we do not feel called upon to invent an Archieus to throw out these substances; nor do we suppose, in the elimination of urea in the normal processes of the body, that any special or added force, not provided in the condition of the substance and the character of the excreting organ is necessary to protect the body from that deadly poison. The spontaneous coagulation of the fibrine of the blood, which arrests hemorrhage, is certainly a protective provision of the organism, but it is not provided by the addition of some other power to the injured part, but is in the constitution of the blood itself, and in its relation to the atmosphere. And this is true of every protective provision of the human body. The *Vis Medicatrix Natura*, then expresses itself only under the conditions involved in the organism itself, and is utterly incompetent to supply any absent condition.

Thus from the earliest times to our own, and, for an undetermined period existing alone, the attributive method in medicine has exerted its influence. I need not stop to longer consider the effects of this method. Under it

medical science and art are alike impossible.

Evidences of the influence of the empirical method meet us at every turn; and if we consult history, we find that for many centuries it has controlled the medical world. Not always working under the same conditions, not always avowing the same purpose, yet ever employing the same method. The three principal forms in which it gained expression were, first, in the attempt to find an *Elixir Vitæ*; one remedy, which, possessing certain properties, would communicate them to the body, and thus cure all diseases; second, in the attempt to find a remedy that would cure one disease; and, third, remedies that would control some one condition of disease. I have not the time to follow each of these; it is enough that they have a common root; they all alike claim some property in the remedy which it could communicate to the patient, and thus attain health; they all alike seek to accomplish a purpose in art by a method pertinent only to the problems in science. In an attempt to estimate the value of this method, it may be well to enquire as to its success in attaining the end sought. After so many centuries of observation and experience, how many remedies have we that, having been found to cure one disease, can be used in the cure of analogous disease? And how far has their use in analogous diseases justified the expectations of the profession? Of the remedies even claimed to have this ability, how short is the list, and of the two or three usually cited, how widely are the profession separated in the estimate of their value. We can determine this success by another standard. Many valuable remedies have, from time to time, been discovered. One, in most universal use, is opium. What one disease will opium

cure? What property of opium will it communicate to the sufferer? Will it do more than affect the processes of the body? What disease will even mercury or iron cure? What remedy will cure fever, inflammation, atrophy, fatty degeneration or cancer? Useful, nay, indispensable and invaluable, as are these remedies in the hands of the skillful physician in the treatment of disease, they no more cure it than iron, water and wood can move a railroad train.

For many ages, under different leaders, in varied conditions, generation after generation of earnest and thoughtful men have been seeking for remedies that would cure disease. Perhaps no method has had so many, so enthusiastic or more laborious adherents. Only show us, say they, the remedy that will cure disease and we care not for all the *ologies* combined. And no one will any more dispute this than he will the affirmation of the mechanic who asks only a fulcrum in order to move the world.

The empirical method has not only failed to attain success, it has misapprehended the conditions upon which it was possible. The moment the empiric relinquishes his search for the *elixir vitæ* he makes a radical departure from his own method. For if, as a recent writer asserts: "With Phile-nus and Serapion of Alexandria the distinctly empirical method was promulgated; in which observation and this alone, especially in the use of remedies, was urged. No reasoning about *why* or *how*, but *what* engaged the minds of these industrious men;" it is clear that any thought on why the elixir did not cure all diseases, or how the cure of disease could be achieved, could not, by them, be entertained. Observation would abundantly affirm the failure of the remedy; but would be utterly incompetent to

afford relief. The improved empirical formula—that a remedy which will cure one disease will also cure analogous diseases—while recognizing the value of diagnosis, contents itself with the apparent results of medicines in the mass. But the admission of the need of diagnosis is fatal to the empirical theory. Diagnosis is more than the orderly arrangement of groups of symptoms. To meet the necessities of the case—for we must know a disease before we can know its analogue—the symptoms must express the real difference between the diseases. When we attempt to answer the empirical question, what is this difference, we find that to the appreciation of it, the microscope, or other invention, is, in many instances, indispensable. But the *grouping* of the numerous parts of that wonderful instrument is altogether apart from the observation of each one of them; the contrivance exhibited in the arrangement of its parts, being in no sense the outgrowth of empiricism.

While the empirical method has thus been incompetent to the discovery of a remedy for the cure of diseases, as well as incompetent to make that diagnosis its formula demanded, it has had a potent influence upon the science and art of our profession. For good and evil alike its influence has been both wide spread and long continued. If, on the one hand, it is the citadel in which charlatanism is entrenched, if it make possible, to the cupidity or credulity of its advocates and their victims, the numerous systems of quackery which are the shame of our modern civilization, it has, on the other hand, fully exhibited the properties of many of our remedial agents; it has contributed to the culture necessary to the still nicer distinctions which have been so slowly evolved, and as its failures have resulted in the limitation of its inquiries to questions

of existing phenomena, it has found its true work in that observation and interrogation of nature out of which has grown our wonderful modern science.

The rational method, although the last in the order of development is rapidly taking possession of the working force of the profession of medicine. To account for this, it is only necessary for us to consider that the rational method seeks to cure disease by the methods common to all other branches of human knowledge and activity. It regards the human body as subject to physical law, to be studied as other physical phenomena, in order to arrive at any knowledge of its structure or functions, and that modifications of its substance or powers are to be attained through the appliances of art, as are all other modifications which man produces. Thus placed on a scientific basis, it commends itself to positive minds; while its ample opportunities for the exhibition of the highest qualities, in the control of disease through an apprehension of its source and conditions, appeal to the noblest faculties of the mind.

Is it objected that in thus regarding the body as under the domination of natural law, I am overlooking the vital element which determined its form and presides over all its processes? Two considerations will, I think, deprive this objection of much of its weight. The first of these is, that whatever influence vitality may have over the body, our knowledge of it can only be obtained as we obtain all other knowledge. Vital powers are not to be assumed simply because our ignorance does not permit us to explain the processes which we know take place. Whenever we are able to show that certain modifications result from vital force, we can then demonstrate how far this force extends, and in finding a limit to our opportunity, find too

the limit of our art. The second consideration is, it may well be doubted if the vital force ever expressed itself in opposition to physical law. Whatever may be our notion as to what life is, it is clear that it aggregates the elements which make up the body, through methods which are physical. It need not be claimed that the instituting of the orderly arrangement of parts and succession of processes is physical; but, once instituted, it will be found that its fluids follow the laws of hydrostatics, and that its mass is subject to the law of gravitation.

Am I reminded of the imperfection of our knowledge, and hence the imperfection of the art we build upon it? I reply, in nothing is the influence of the rational method more clearly expressed than in the ever present consciousness of this defect, and in the means already employed to overcome it. Baffled by the changes seen to take place in the state of bodies, it created the vast and subtle science of chemistry. It made light its slave and sound its servant, and harnessed every physical law to its car. It explores every kingdom of nature; it analyzes every change in organization. Its cunning appliances of art in its mechanical auxiliaries, are among the proudest achievements of the skill of man. Its histological discoveries, its physiological researches, its pathological contributions, its improved materia medica, and its efficient sanitary suggestions are monuments to its industry and power. And this is but the promise of its infancy.

One further example of the influence of the rational method in medicine, and I am done, and that is on the status of the physician. We need only compare the character of the work required at the hands of the physician in the different methods employed in medicine to determine his place in the

scale of worth. In the attributive method he was less than the incantations in which he participated; at best but a part of the machinery to reach from blind patient to blinder god. His work was worthless and he was less than his work. So of the empirical method. Here, it is true, he was an active agent; but how limited was his range and readily exhausted his resources. Abundantly honored, if he saw the historical necessity in the symptoms and the expected results from his drugs. His highest estate was to gather experience widely and prescribe faithfully. In the rational method, in either of its branches, are opportunities for the highest honors. On its scientific side, in the various fields of physics, chemistry, physiology, pathology and materia medica, the most earnest spirit will find scope for the exercise of its best powers, and opportunity to keep step with the advance guard of modern science. On its practical side, in its hygienic and curative provisions, there is equal, though different, opportunity. As the conditions upon which disease depends become fully known, and the agencies which control them are discovered and applied, opportunity is afforded for the exercise of powers competent to the highest art.

For nearly three-quarters of a century the steamships of the Cunard line have crossed the Atlantic without the loss of a single passenger. At all seasons of the year, in calm and storm, in sunlight and in darkness, backward and forward have these shuttles of commerce played from shore to shore. In themselves embodied triumphs of man's mastery over nature; their regular return, despite the fickleness of wind and the wrath of storm, is yet more wonderful. How many forces of nature are, by man's skill, combined in the grand purpose of regular and

safe transit over the treacherous sea. How nicely these forces of nature are balanced. How surely amid these uncertainties does the ship seek her desired haven. In the blinding fog; through the driving sleet; across the drifting current; past the glittering iceberg; with no sun for days; no guide but science; no strength but art, the master mind, pilots his ship from dock to dock. So the physician, mastering the conditions of physical life, knowing the forces which play in the changing human frame, and the agencies which the science of his profession affords, safely guides through the peril and darkness of disease the precious lives committed to his care.

I have briefly and imperfectly outlined the methods that appear to me to have moulded medical opinion and action.

As in all surveys of the past—

“Step by step since time began  
We see the steady gain of man.”

Using the opportunities of to-day, we may look confidently for larger results yet to be gained by our noble profession.

*Massachusetts Medical Journal.*

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## Review of Current Medical Literature

With Editorial Comments.

Under the Charge of  
“*Amicus Curiae*.”

*Bulletin American Academy Med.*, February, 1908.

ESSENTIALS OF A MEDICAL EDUCATION.—“The President of Princeton University, addressing the Association of Colleges and Preparatory Schools assembled in annual convention at New York, November 29th, is quoted as follows:

‘We have been passing through a period of dissolution of the standards

of education. \* \* \* The children of the last two or three decades have not been educated. The pupils of our colleges of the last few decades have not been educated. With all our educating we have instructed nobody, and with all our instruction we have educated nobody. \* \* \*

We must remember that information is not education. The greater part of the work that we are doing in our colleges to-day is to impart information. \* \* \* One of the principal objects of education should be enlightenment, or the unloading from the minds of the pupils of the misinformation that they have received.

Instead, we are daily cramming their minds with an enormous mass of irrelevant facts.’”

EDITORIAL COMMENTS.—Though the above remarks refer to schools and colleges in general; yet we may turn to the “Proceedings of the Association of American Medical Colleges” to learn that much the same allegations are being made concerning the unsatisfactory state of medical education. However, judging from the character of the papers in the medical press, and reports of the discussions at various meetings held during the past two or three years, we think we are warranted in holding the optimistic opinion that we are indeed entering upon a new era in medical education. “It is especially significant,” as Dr. Motter, of Washington, D. C., says, “that these questions have been taken up by the lay press, which has emphasized three points well worthy of note: (1) The lack of adequate preliminary training; (2) The necessity for an intelligent public opinion in support of medical legislation and higher medical educa-

tion; (3) The responsibility of the profession in creating and directing such intelligent public opinion to the needs of the hour."

And all this, we believe, is now being done; or, at least, the entering wedge is being driven home.

All will agree, that the demands made upon the physician of to-day for *public* service are large. And this service requires special knowledge, broad information, and a training and temperament not easily acquired. The warfare against disease and dirt, ignorance and chicanery, sophistication and adulteration; in short, the problems of personal and public hygiene, can be successfully dealt with only by medical men of high intelligence, sterling integrity and unselfish devotion.

The chief danger which menaces medical students, under the old regime, we believe, is this: They are too commonly forced to slight work of vital importance in *essentials*, in order to make a grade in some relatively valueless subject, or fail of graduation.

In the words of Dr. Motter: "To remodel the medical curriculum is the crying need of the hour. Sound pedagogic principles must guide in the great work with which the profession is confronted; fundamental principles must be given their proper valuation and place; method, or the art of teaching, demands especial reformation; the relative values of knowledge require most skillful and intelligent adjustment; and the authority of official or administrative right should be intimately associated and properly re-

lated with faculty, both individually and collectively."

In addition, we think that sound business principles should be taught, and that the student should have, impressed upon him the true *value* of the services of a scientific physician.

*Journal of Ophthalmology and Otolaryngology*, December, 1907.

TO EVERT THE EYELIDS.—When it is found difficult to evert the lower lid, Vail recommends that the patient look downward and the upper lid be everted in the usual way. If he is then directed to look upward and at the same time the usual effort to evert the lower lid is made it will succeed. To evert the eyelids of a child Vail recommends the following method: The surgeon sits with the child's head lightly clamped between his knees, the child's body in the lap of the nurse sitting close by in a chair, and the child's hands held by the nurse. The feet are allowed to kick free. The entire finger nail of the left index finger is placed on the lower lid and the finger crooked so that the pulp of the finger tip will just override the edge of the lower lid; then the upper lid is gently pushed downward by means of the index finger of the right hand placed at the upper tarsal rim, until the free border of the upper lid overrides the pulp of the finger tip of the left index. Maintaining the pressure with the right index finger when this position is effected the upper lid is turned inside out by simply keeping the free edge of the upper lid against the pulp of the index finger of the left hand. The right hand is now free to use in everting the lower lid. Having everted the upper lid, the lower is easily everted by making pressure downward with the right thumb."



EDITORIAL COMMENTS.—We suggest to the general practitioner that he should thoroughly acquaint himself with the best method of everting the eyelid. Though an apparently simple operation, it becomes a very disagreeable one to the patient if the operator is not expert, and he will certainly *not* be expert on his first attempt. The medical student should embrace every opportunity to try his skill upon the subject presented in the amphitheater at the eye clinic. He should operate upon the lids of his room mate, or of some personal friend, until practice has made him expert. If this has not been already done, Doctor, we advise you to try your skill first upon one of your friends, or on some member of your family, before exhibiting your *lack* of skill upon the patient who consults you for the removal of some foreign body from the eye.

*Merck's Archives*, February, 1908.

THE CHEWERS OF YALE. — "The chewers of Yale are evolving the art of chewing to perfection. Certain experiments have been carried out, the subjects choosing food they craved, but being merely required to masticate it thoroughly. From the way the amounts consumed fell off—25 per cent.—it is quite evident that the new art is an appetite destroyer. Chewing is one of the involuntary acts—to make it voluntary reverses matters. No wonder some of the men lost weight and some lost strength. But they improved wonderfully in endurance and in mental and physical vigor. The new alleged natural law, of the less fuel the more energy, should save millions to the steamship companies and railroads. It is not said that the men were cured of their corns and

bunions, but from the enthusiastic accounts of their wonderful condition, we would almost expect a cure of harelip. It may have been a highly scientific observation, but it was unhygienic, as it violates instinct.

Men cannot bolt food like dogs, but the necessity for prolonged chewing like a cow is not proved. All children tend to bolt their food and are they acting unnaturally? Babies are generally brutally natural in all things. From the structure of the teeth and the shape of the articulations of the jaw, man is not able to grind his food to small bits, but all he can do is to crush it, and that is about all he attempts. Swallowing is involuntary and occurs as soon as the crushing is fairly done. It has even been stated that if meat is thoroughly chewed it is alkalized by the saliva and its digestion is unduly delayed by the extra time taken for it to become acidified by the gastric juice. The Yale experiments and the whole matter of Fletcherism are based upon a false hypothesis of our necessities. There is no proof that this cult is the cause of the heralded alleged wonders it has accomplished. It is merely one of the legion of fads and it is rather painful to see it so exalted in universities. But, then, universities do queer things nowadays."

EDITORIAL COMMENTS.—There should be moderation in all things. Fletcher's disciples doubtless carry their ideas to excess—to the stage of *fad-dism*. Nevertheless, there is a grain of scientific truth in their notions. Many people bolt their meals; and the result is that the stomach is called upon to perform work that should have been done before the bolus was swallowed. While the stomach will churn this bolted food until it becomes mas-

ticated, yet it cannot continue to perform such vicarious acts indefinitely. No harm is done in recommending thorough mastication of solid food-material; but we think that harm may be done if the "chewing" be continued after such mastication has been properly performed. Probably Fletcher had been accustomed to "bolting" his food, and naturally he was benefited by prolonged "chewing;" but, doubtless, he would have obtained the same or even better results had he observed *moderation* in this act.

In summing up, we have this conclusion to announce: "Fletcherism" is a fad—because carried to an excess; but we should not forget that mastication should be performed in the mouth and not in the stomach.

*The Cleveland Medical Journal*, February, 1908.

THE MEDICAL CODE OF HAMMURABI KING OF BABYLON.—"The sections relating to medical subjects are as follows:

SEC. 206—If a man strike another man in a quarrel and wound him, he shall swear 'I struck him without intent,' and he shall be responsible for the physician.

SEC. 206—If a physician operate on a man for a severe wound with a bronze lancet, and save the man's life; or if he open an abscess (in the eye) of a man with a bronze lancet and save the man's eye, he shall receive ten shekels of silver (for his fee).

SEC. 216—If he (the patient) be a freeman, he (the physician) shall receive five shekels.

SEC. 217—If he be a man's slave, the owner of the slave shall give two shekels of silver to the physician.

SEC. 218—If a physician operate on a man for a severe wound with a

bronze lancet and cause the man's death; or open an abscess (in the eye) of a man with a bronze lancet and destroy the man's eye, they shall cut off his fingers.

SEC. 219—If a physician operate on the slave of a freeman for a severe wound, with a bronze lancet, and cause his death, he shall restore a slave of equal value.

SEC. 220—If he open an abscess (in his eye) with a bronze lancet, and destroy his eye, he shall pay silver to the extent of one-half his value.

SEC. 221—If a physician set a broken bone for a man, or cure his diseased bowels, the patient shall give five shekels of silver to the physician.

SEC. 222—If he be a freeman, he shall give three shekels of silver.

SEC. 223—If it be a man's slave, the owner of the slave shall give two shekels of silver to the physician.

SEC. 224—If a veterinary physician operate on an ox or an ass for a severe wound and save its life, the owner of the ox or ass shall give to the physician, as his fee, one-sixth of a shekel of silver.

SEC. 225—If he operate on an ox or an ass for a severe wound and cause its death, he shall give to the owner of the ox or ass one-fourth its value."

EDITORIAL COMMENTS.—The foregoing sections are taken from the legal code of Hammurabi (of the second millenium B. C.), as translated and published by Robert Francis Harper, Ph. D., of the University of Chicago, in 1904. The entire code is full of interest to students of early legislation; but the above is especially interesting to physicians.

It is apparent that even at this early period there existed in Babylon a class of physicians and even medical specialists, who possessed an assured posi-

tion and the legal right to certain not inconsiderable fees, graded in accordance with the social position of the patient. This is in flat contradiction to the statement of Herodotus, "who, writing about 444 B. C.," (reports Dr. Henderson,) has this to say: "They (the Babylonians) carry their sick into the market place; for they make no use of physicians. And the passers-by converse with the sick man about his disease, telling him whether they have ever suffered, or have seen another suffering from a similar disorder. And they advise with the patient and tell him by what means they themselves had recovered, or had seen others recover from a like disease."

Upon the monuments of the past, Hammurabi is described as an eminent warrior and statesman, a famous builder and restorer of the temples; a wise and good ruler who devoted much attention and expense to the irrigation and cultivation of the waste places of his kingdom. It would seem, however, from "Section 218," that he considered it a criminal act for a physician to perform a surgical operation with ill results—especially if a *bronze* lancet was used.

*The Alienist and Neurologist*, February, 1908.

THE PROCREATION OF GENIUS.—"In the 'Genesis of Genius,' read at the late Amsterdam Congress on Psychiatry, Dr. Louise G. Robinovitch notes that comparatively few geniuses have been the first-born of their parents. In a study of 74 biographies of great men and women—poets, writers, politicians, painters and musicians—there were only ten first-born. Among 42

writers and poets only six were eldest children; among seventeen painters but one was the first-born of his mother (and a natural child); among fifteen musicians there were only two first-born. These men of genius in a very large number of cases were the youngest or next to the youngest of the family. Coleridge was the last of thirteen; James Fenimore Cooper, the eleventh of twelve children; Washington Irving, the last of eleven; Balzac, the last of three; George Eliot, the last of four; Napoleon was the eighth and probably the last; Daniel Webster, the last of seven; Benjamin Franklin was the last of seventeen, and the last-born of the last-born for several generations; Rembrandt was the last of six children; Rubens, the last of seven; Sir Edwin Landseer, the fifth of seven children; Joshua Reynolds was the seventh child of his parents; Carl Maria Weber, the ninth; Richard Wagner, the last of seven; Mozart, the last of seven; Schuman, the last of five; Schubert, the thirteenth of fourteen. The parents, therefore, of great men were, for the most part, of a ripe age at the time of the conception of the latter."

EDITORIAL COMMENTS.—We have not quoted the above because it expresses our own convictions (for we have none on this particular subject) but because it has appeared in one of our most scientific medical journals, and is apparently considered by specialists to be very significant. The kernel of the whole matter is, that a couple of mature age is more apt to give birth to a prodigy, than is a young couple. If such be the case, it might be a good plan to postpone maternity for a time. But is this a practical suggestion?

*New York Medical Journal*, January 25, 1908.

UNIQUE CASE OF INFECTIOUS ORCHITIS.—“The case is reported by J. G. Beardsley. A boy of eleven years returned home where his sister was sick with bilateral parotitis. He was ordered to use an antiseptic mouthwash and to keep as far as possible from his sister. Eight days after his return he came down with a temperature of  $102^{\circ}$ , no pain nor swelling in either the parotid or submaxillary glands, but a marked swelling of the left testicle, which was extremely tender to the touch, and the skin of the scrotum over which was decidedly reddened. The boy recovered completely in four days, and there was no difference in the size of the testicles. There had been no urethral discharge or no history of trauma, and as far as could be learned, no exposure to parotitis until his return home eight days before. Cases of parotitis have at times been reported, especially in epidemics, in which the swelling of the gland was very slight, and among them a few cases in which the parotiditis became visible only shortly after the patient was allowed to take fluid, but, as far as the author has been able to find in the literature (if we grant the possibility of the orchitis being caused by the infectious principle which causes parotiditis), this case is unique, although Osler mentions the fact that such a condition has been seen.”

EDITORIAL COMMENTS.—If it be true that the orchitis was caused in this case by exposure of the boy to parotiditis, it would seem to indicate that the infectious principle itself is the source of the testicular trouble, rather than metastasis. We had always supposed that a patient must first give evidences of parotiditis, before suffer-

ing from so-called metastatic orchitis. It is possible, however, that in cases of an epidemic, the infection may find lodgment in the testicle without first inflaming the gland of the neck. Inasmuch, however, as the parotid gland is first affected in 90 per cent. of such cases, we presume that the subsequent orchitis is generally metastatic in character.

*The Medical Standard*, February, 1908.

WALKING AS AN EXERCISE.—“Blake, in the *Boston Medical and Surgical Journal*, thinks that walking must, however, be more carefully considered and prescribed; in a word, more accurately administered than has heretofore been the case. A comparison is suggested between the use of water as carried out at medical baths, and walking as it might be practiced in the open air; the careful consideration of temperature, force, character of the application of the water in one case corresponds to the speed, duration, distance and character of the country to be covered by the walk. Viewed from this standpoint, walking offers almost unlimited possibilities to the patient. It is the modern custom to discharge surgical patients from our hospitals at an early date, before returning to their occupations, which are often tedious and arduous; something more than simple rest is desirable. Walking can fill this place more effectively and acceptably than the usual artificial exercises. This is particularly true in the case of abdominal scars, and operations for the relief of hernia. Carefully considered, walking is ideal for strengthening such scars, and accustoming them gradually to the strains which they must ultimately bear. It is also valuable as an immediate treatment of sprains of a moderate degree, as Weston demon-

strated; it is better than most forms of formal gymnastics and 'setting up' drills, for children and adults with weak backs, round shoulders and flabby muscles generally. Finally, as a means of severe physical exercise it may be combined with climbing on the one hand and running on the other, to both of which it is intimately related; it may be utilized to produce the maximum exertion which can be demanded within physiological limits."

EDITORIAL COMMENTS.—Attention is called here to "walking as an exercise," in order that our readers may not forget its importance as an aid to other treatment in various cases, and especially during convalescence. We think that a two-mile walk before breakfast will prove a better appetizer and tonic than any remedy that can be found in the American or British Pharmacopœia.

*Annales de Medecine et de Chirurgie Infantiles*, January, 1908.

APPENDICITIS IN THE NURSING CHILD. "Henri Mayet says that appendicitis is rare during the first year of life, but that it exists and should be looked for in the course of intestinal troubles. It is never present alone, but is a complication of severe forms of enteritis. In all the recorded cases, which amount to only nine in all, there was present severe enteritis or obstinate constipation. It is to be feared when in the course of an enteritis the abdomen becomes swollen, the muscles tense, the temperature and pulse high, and the percussion note is modified in the right iliac fossa. The age of the patient prevents other localization of the painful symptoms. Flesh eating cannot be given as a cause in nursing children; foreign bodies have not been found at autopsies, and the author refers the disease to enteritis

as an exciting cause. Appendicitis is apt to occur in emaciated, cachectic, or rachitic children who are predisposed to any complication. The appendicitis is simply a localization of the enteritis. The prognosis is very bad, since the peritonitis is of the fulminating variety, and death occurs in from one to four days, provided the condition is not relieved by operation at once. In children over one year of age the course is much more mild and the prognosis better."

EDITORIAL COMMENTS.—Every physician of much experience knows that the majority of his little patients (less than a year old) suffering with so-called "coleo-enteritis," *die*. Inasmuch as the abdomen is unusually "swollen," the muscles "tense," the temperature and pulse "high," in these fatal cases, are we to understand from Dr. Mayet's remarks, that "appendicitis" should have been diagnosed and an operation early performed; in which case the life of the patient might have been saved? Personally, we are in doubt whether an operation is indicated; but we feel confident that routine medical treatment will prove unsatisfactory in very many cases. We look with interest for further statistics concerning the results of surgical interference.

*The American Practitioner and News*, February, 1908.

SHOULD THE SYPHILITIC MARRY?—"(Feb. 1, 1908, *J. A. M. A.*) contains an extract by Civatte, embodying the opinion of 53 leading clinicians of Europe and America on this question as to when to allow syphilitics to marry.

With but few exceptions all the authorities agree that after a thorough

treatment the syphilitic, after a certain interval ranging from two to ten years, that marriage is permissible

Some authorities, however, claim that it is impossible for the physician to authorize a syphilitic to marry, as facts are on record showing transmission of the disease after ten and twenty years, and it is impossible to tell whether or not the patient is entirely cured.

It is thought that the syphilitic should be duly informed of the risks and responsibilities which he incurs.

The question of marriage is then left for the patient to decide on his own responsibility.

Pospilow interdicts marriage to syphilitics who have had gummata, for after this he says, one can never be sure as to the cure even under energetic treatment.

The American authors gave two years as the shortest interval between the initial accident and marriage.

Fournier requires four years of intermittent courses with two years free from offensive recurrence of the syphilis.

Great stress is laid by the German authorities consulted on the disappearance of glandular lesions, as proof of the efficacy of the mercurial treatment with local treatment of glandular lesions.

Watraszerrski warns against a special final course of treatment just before marriage, as he has seen the flaring up of apparently extinct syphilis under the influence of such.

Unna states that he has never seen an instance of conjugal or inherited syphilis in the families of any of his syphilitic patients who have had thorough treatment.

He gives a supplemental course six weeks before marriage, applying a mercurial plaster to the scrotum, adding that if it does no good it is at least harmless.

DaCosta, of Amsterdam, says that on account of the lack of a practical means of knowing whether the syphilis is actually cured, the physician can never unreservedly authorize the marriage of a syphilitic.

EDITORIAL COMMENTS.—If syphilis (like any other disease) is attacked from the very *outstart* (not waiting until secondary manifestations appear), and is treated properly for a couple of years—*thus preventing tertiary symptoms*—we believe that the disease may be thoroughly *cured*, and the patient subsequently marry with impunity. We think, however, it would be well for him to seek his physician's advice concerning the matter.

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PNEUMONIA.—Barr believes that in the treatment of pneumonia the temperature affords a reasonable point of attack, as he strongly favors an increased dissipation of heat. He suggests that, when possible, the patient should have a warm bath, with plenty of soap, or if this be impracticable, he should be well washed, and the action of the skin encouraged by the administration of a diaphoretic. Should the temperature rise as high as 104 F. the sooner a large ice bag is applied to the abdomen the better. Promptitude of action in the early stage, he claims, often arrests the spread of the disease and may even arrest its further progress. With regard to venesection, he has no doubt that in some plethoric cases it does good, but it never should be adopted after the first 48 hours, and never at any time if the pulse is small, feeble and compressible. Bleeding, he says, should not be performed on the very young, the old or the debilitated. After bleeding, the patient should abstain from fluid for several

hours. He urges particularly the need of good ventilation. The sick room should be the best in the house and, if possible, should contain at least 1,000 cubic feet of air for each occupant. The whole air of the room should be changed three times every hour. The administration of oxygen in cases where the sick room ventilation is poor and insufficient he believes to be unscientific, irrational and absurd. The temperature of the room should be maintained at from 60 F. to 65 F. At this temperature, Barr says, the air is not saturated with moisture; it is capable, therefore, of holding the patient's exhalations, and there is not much danger of him drowning in his own excretions. Speaking of the bronchitis kettle, he says the man who invented it should have been hanged, as he thinks death from strangulation would be a just punishment for the number of deaths from drowning which his appliance has caused. The bed clothing of the patient should be sufficiently light to allow free escape for the evaporation of the sweat. The room should be well-lighted and cheerful.—*Medical Press and Circular*.

CONSERVATIVE TREATMENT OF URETHRAL STRICTURE.—G. Morgan Muren believes that the average general surgeon and even some genito-urinary specialists have a very wrong conception of the condition and the treatment usually indicated in cases of urethral stricture. He gives the following objections to cutting operations: Several weeks' detention from business; the fact that after operation the individual has to be treated for a year or more in practically the same manner as if no operation had been done and as if the stricture had been gradually dilated; the mortality rate, which is a much disputed point, but which by the

writer is believed to be at least five per cent. in both internal and external urethrotomies. He advocates the treatment of stricture by gradual dilatation. In men beyond middle age the anterior urethra should be thoroughly flushed before any instrumentation. The best lubricant for urethral instruments is made from Irish moss, and contains a small percentage of formalin. The writer has been more successful in filling the urethra with a number of straight instruments, successively attempting the passage of each, than in the use of the instruments with variously twisted ends. He instructs his stricture patients with healthy bladders to hold the urine for a couple of hours before treatment. Voided immediately after dilatation it irrigates the urethra without discomfort. Spasmodic stricture may be relieved by general anesthesia. The histories of several cases are appended. *Medical Record*.

THE INCISION AND TREATMENT OF THE STUMP IN APPENDECTOMY.—Joseph B. Bissell, of New York, says that the incision in appendectomy should be of sufficient size to allow of the operative procedure, but should injure the structures of the abdominal wall as little as possible. Operative work should be rapid so as to secure quick healing and a rapid convalescence. The author then discusses the best incision to be made use of in immediate, interval and late operations. The treatment of the stump is most important as well as speed, the doing as little damage as possible to the tissues about the appendix, and the destruction of all infectious material, without leaving behind any material that may act as a foreign body. He describes the method of operation used by himself.—*Medical Record*.

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Editor.

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## Editorials.

### DANGEROUS PRESERVATIVES.

**A**LTHOUGH the experiments instituted by Dr. Wiley on human subjects has called forth some criticism, it is safe to assert their value is daily being demonstrated. While laboratory research has its value it cannot compare in utility with investigations which deal with the direct action of drugs and other agents upon healthy individuals. As regards preservative agents, the doctor's report to the House Committee on Agriculture on the effects of these upon individuals generally makes interesting reading. It is shown that salicylic acid, sulphur dioxide, formaldehyde, borax, benzoate of soda and the other agents commonly used in the preservation of foods are excreted almost exclusively by the kidneys and he is convinced that the continued action of these irritating substances is productive of various nephritic lesions. The result will be that many of the present methods will be modified and various substitutes of established merit will receive consideration. We are under many obligations to this investigator

for his labor in connection with the Pure Food law and he may be relied upon for conclusions which are eminently practical as well as salutary.

### A NEW MEDICAL JOURNAL.

**C**ONSIDERING the amount of current literature embracing the various specialties of medicine, it is surprising that no publication has ever been devoted to the subject of diagnosis. This want is now being supplied by the issue of "*The Archives of Diagnosis*" which is to appear quarterly and which will aim to supply everything pertaining to this department of medicine.

One who carefully reviews the diagnostic methods and resources of the present day will be surprised at the great advance which has occurred and at the resulting refinements of the art. While many of them may not yet be assimilable or adapted to the needs of the general practitioner, there are certainly many which are essential and practical. We believe that a journal which properly submits to the physician the up-to-date as well as the classical methods of this specialty will attain a prompt and lasting popularity.

### TUBERCULOSIS CRUSADE.

**T**HE suppression or at least the limitation of this scourge is now being undertaken and pushed with renewed vigor and the project is receiving the active co-operation of citizens generally. Much credit is due



the various state and national organizations for their efforts in educating the public regarding the vital importance of this matter and in securing proper legislation for the limitation of the disease. We note that a bill has recently been introduced by Senator Gallinger providing for the registration of all cases of tuberculosis in the District of Columbia, for the free examination of sputum in suspected cases and for preventing the spread of the disease in the District. Although the provisions are a little more radical than those of some other localities, they are not too much so and may be relied upon as eminently proper and suitable for other states which as yet enjoy no adequate protection. A more uniform legislation would prove highly advantageous and aid greatly in the progress of the work.

It is noted that all the New England states have within the past two months inaugurated various projects with a view of promoting the campaign and obtaining legal support and recognition.

Statistics have already demonstrated the high value of these sanitary measures and there is no reason why, under proper conditions, the mortality rate cannot be reduced as much as 50 per cent.

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#### A SHORTER MEDICAL COURSE.

**I**T HAS been long since apparent to many that the acquirement of a medical degree is fraught with undue delays and difficulties. Admitting, as most do, that the candidate should have the advantage of a more or less

complete collegiate training, before undertaking the study of medicine, the apprenticeship certainly appears, under present regulations, to be much too long, as well as inadequate. In what respect and to what degree it should be curtailed, is, however, a most difficult problem and one which demands long and careful deliberation. Under present conditions, the collegiate and medical courses involve an expenditure of eight years on the part of the candidate—to this should be added as real essential, two years of hospital or post-graduate study. How few, however, in this age of stress and competition, can afford to donate ten of the best years of his life to preliminary work of an expensive character which offers no pecuniary returns whatever!

Medical science has expanded in a marked degree during the past decade and the college curriculum has necessarily become more elaborate. Hence, the required period of four years is none too long for the acquirement of the essentials of medical theory and practise. The preliminary and literary course, however, which is so often cumbered with useless material might with benefit be modified into a two year special course so arranged as to prepare and train the student for the more important medical study which is to follow.

We note that this matter will be presented to the meeting of the American Academy of Medicine which convenes in Detroit next June and it is hoped that some plan for carrying these suggestions into effect will there be formulated.

### Current Literature.

"Channels of Infection in Tuberculosis," by Bryan DeF. Sheedy, M. D.

"Nasal Catarrh, Mouth Breathing, Hay Fever and Asthma," by Bryan DeF. Sheedy, M. D.

"Hemorrhage Into the Spinal Meninges," by I. A. Abt, M. D. Reprinted from the *Chicago Medical Recorder*.

"Urinary Infection in Children," by I. A. Abt, M. D. Reprinted from the *Journal of the American Medical Association*.

"The Medical Uses of Carbonic Acid," by Thomas E. Satterthwaite, M. D. Reprinted from the *Post-Graduate*.

"The Treatment of Congenital Syphilis in Infancy," by I. A. Abt, M. D. Reprinted from *Illinois Medical Journal*.

"Acute Non-Suppurative Encephalitis in Children," by I. A. Abt, M. D. Reprinted from the *Journal of the American Medical Association*.

"The Treatment of Chronic Valvular Diseases of the Heart," by Thomas E. Satterthwaite, M. D. Reprinted from the *Virginia Medical Semi-Monthly*.

"A Note on the Reducing Power of Urine Following the Administration of Urotropin," by I. A. Abt, M. D. Reprinted from the *Archives of Pediatrics*.

"The Submucous Resection of the Nasal Septum," by Lee Maidment Hurd, M. D. Reprinted from the *Journal of the American Medical Association*.

"A Suggestion to General Practitioners in Regard to Charges for Professional Services to Important Medical Cases," by D. W. Cathell, M. D. Reprinted from the *Maryland Medical Journal*.

"Deviations and Deformities of the Nasal Septum; with Special Reference to Possible Results Following the Submucous Operation," by Bryan DeF. Sheedy, M. D. Reprinted from *International Journal of Surgery*.

THE LIPPINCOTT'S MAGAZINE FOR MARCH, 1908.—In its first-of-the-year announcements, *Lippincott's Magazine* promised some big things for the coming twelvemonth, and no time is being lost in making good these promises. The March number contains an unusually fine novelette called "Lady Thoroughbred, Kentuckian," by Will Levington Comfort, who seems destined to become one of the few really great latter-day American authors. The story—an unusual one—is replete with action vivid and intense from the start, yet no touch of melodrama is permitted to cheapen it—a fact for which the author is to be congratulated. All the characters are ably drawn—the girl, Leila; her doctor-lover, Taine; her abductor, Terhune Glosop; her father, the old Professor; the Professor's wife, a true type of the Kentucky gentlewoman; and the old mystic, Jared Lensing. The portrayal of the last shows that Mr. Comfort has delved deep into occult philosophy, and all who are interested in Christian Science, Mental Science, Theosophy, or the New Thought will find herein much to ponder over, much to interest them. A well-known literary critic who read this story in manuscript form declared it to be "the best Kentucky romance ever written."

The other fiction in the number is no

whit behind the novel in point of excellence. John Reed Scott, who wrote those famous best-sellers "Beatrix of Clare" and "The Colonel of the Red Huzzars," contributes what is virtually a short novelette, entitled "The Testing of the Earls." This tale of feudal days has for one of its characters the Duke of Gloucester, afterwards known to history as Richard III., as did "Beatrix of Clare." L. Frank Tooker's offering, "A Poet of the Galley," combines humor and pathos. "The Case of the Widder Hawkins," by Johnson Morton; "The Gallant Burglar," by Ambrose Pratt; "The Professor's Problem," by William T. Nichols; "Confessional—and Consequences," by Cecilia Loizeaux; and "The Ivory Door," by E. Ayrton-Zangwill, are the other short stories. Most of them are humorous.

A very important feature of the month is the appearance of the first of a notable series of articles on "Educating Our Boys," by Joseph M. Rogers, a journalist of national reputation. These articles deal primarily with Secondary Education—that secured at preparatory schools—and they should certainly be read by all who have boy relatives, all who are connected with the cause of education in any way, and all who have money to spend and philanthropic impulses. Secondary Education has been woefully neglected in this country, and Mr. Rogers deserves universal thanks for thus taking up the cudgel in its behalf. The last of Dr. George Lincoln Walton's famous series on "Worry and Allied Mental States" appears under the name "Home Treatment." In it the author reviews the subjects treated in the previous articles, and gives much valuable advice. Those who follow it are likely to save paying some sizable doctors' bills. "Things Worth Crying About," by Mary Moss; "The Increasing Cost of

Living," by Edwin L. Sabin; "Unravish'd Ears," by Best Leston Taylor, and "Christian Science the Fashion," by John Stone, are brief but forceful papers in the department "Ways of the Hour." "A Strange Will," another short contribution, is unique and beautiful.

"Walnuts and Wine," the sixteen page department of signed humorous contributions; and some excellent poetry, complete the number. *Lippincott's* is setting the other magazines a swift pace.

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### Correspondence.

#### FIFTH PAN-AMERICAN MEDICAL CONGRESS.

*Editor New England Medical Monthly:*

As you doubtless know the next Pan-American Medical Congress will be held in Guatemala, Central America, the second week in August, 1908. The International Executive Committee is in hopes that you will give it the same efficient support that you have heretofore given to the former meetings. We are sending a news item which is the invitation to be sent out to the medical journals of the Western Hemisphere, together with some remarks, which we trust will be published in your Journal.

Yours very truly,

Ramon Guiteras, M. D.

Per N. P.

It must not be thought that Guatemala is an undesirable place to visit in August and that it will be very hot and the rain constant. August is the time of the year called the cunicula, when, although hot there is but little rain. The heat of Guatemala does not, however, compare with the heat of our own states as it is situated on a plateau which is comparatively cool. The

- that perforated gastric or duodenal ulcer is curable in a good proportion of cases if promptly recognized. ' Perforation may occur suddenly without warning. Operation should be simple, quick and accompanied by little intra-abdominal manipulation. — *Medical Record*.

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CHRONIC PHARYNGITIS. — R. M. Niles, of Scranton, discusses the treatment of this condition and gives the formulæ for a number of local applications that he has found of value, among which he gives a prominent place to the preparations of capsicum. *Medical Record*.

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MERCURIC VALUES IN THE TREATMENT OF SYPHILIS.—William F. Bernart records experiments he has made with 84 ulcerative cases, dividing them into four classes of 21 patients each; in these he makes estimates of the mercuric values of the various treatments. The intravenous method is taken as a standard. In the intramuscular class the ratio between the time and the amount of medicine used when compared with the intravenous class was about the same, the time having been less than one-third greater, while the amount of medicine used was a trifle over one-fourth greater. There remains the deduction that the intravenous method is one-third faster than the intramuscular and that it requires one-fourth less medicine. The inunctions were a trifle over twice as slow as the intravenous injections. Any calculation as to the relative amounts of mercury used in these two methods would be mere guess work. The method by mouth is over four times more slow than the intravenous medication. The statistics and deductions given

are an early step towards the final ascertainment of an accurate knowledge of the amount of mercury required for the absolute cure of lues. *New York Medical Journal*.

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SEPTAL PERFORATIONS: THEIR CLOSURE BY PLASTIC OPERATIONS — Chevalier Jackson, of Pittsburg, describes an operation done by him for the closure of small septal perforations by making a long flap from the tissues over the inferior turbinal. The flap consists of mucosa and submucosa; it is free posteriorly and attached anteriorly. The flap is raised, the sides of the perforation freshened, and the flap put in place. A synechia which results is easily severed and kept from uniting by a plug of cotton. *Medical Record*.

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PUERPERAL MASTITIS OF EXCEPTIONAL GRAVITY.—Trillat and Latrabet (*Lyon Med.*) describe two cases of mastitis of such gravity that the patients died of septicemia. Such cases are of extreme rarity. One occurred on the fifth day after labor, when the mother had suddenly ceased to nurse the infant. In the second it occurred in the beginning of the second month, and the mother had not nursed the infant for 26 days. The general condition of septicemia came on with great rapidity after the local manifestations began. In spite of energetic surgical treatment death soon occurred. The examination of the uterus showed that it was intact and took no part in the infection. Examination of the blood in one case showed the presence of staphylococcus pyogenes aureus. It is known that the staphylococcus aureus is a habitual inhabitant of the milk ducts. Virulence of the pathogenic agent plays the most important

rôle in such cases. Expression of the breast, which was done in these cases, is not to be recommended when there is a disease of the breasts that shows symptoms of having become generalized. Early, large incision, with prolonged drainage, is the best treatment. *Ex.*

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**SURGICAL TREATMENT OF RADICAL PARALYSES OF THE BRACHIAL PLEXUS.** Codivilla considers it remarkable that the majority of paralyses of the brachial plexus are not cured, even when the causes are slight and easily relieved. In these cases he believes that the pressure of the transverse processes on the nerve roots is a factor in making the paralysis permanent. In such cases it is advisable to remove the transverse processes so as to throw the two contiguous foramina into one and to give more space to the nerve roots. He does not accept the theory that the effect of lesions of the roots of brachial plexus is greater on the anterior gray horns of the spinal cord than lesions of the trunks of the nerves or peripheral branches, or that the stretching of the roots makes its effects felt immediately on the gray horns of the cord.—*La Riforma Medica.*

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**EARLY DIAGNOSIS OF GASTRIC CANCER, WITH REPORT OF A CASE.**—Louis M. Gompertz, of New Haven, advocates early diagnosis in gastric cancer. This may be made by considering the objective and subjective symptoms, chemical and microscopical examination of the gastric secretions and contents of the fasting stomach. The subjective and objective symptoms vary with the location of the growth. Most of them are of little value until late in the disease. The chemical examination of the secre-

tions after a test meal is of great value. Free hydrochloric acid after a test meal is absent in gastric cancer. This is due to catarrhal inflammation of the mucous membrane and gastric atrophy which are always present with cancer. Microscopical examination will show food remnants and the lactic acid bacillus, with lactic acid, discovered by chemical test. Stagnation and lactic acid bacilli are sufficient in most cases to establish the diagnosis of gastric cancer.—*Medical Record.*

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**TREATMENT OF MALARIA.**—Stump advocates the treatment of malaria by large doses of quinin, given just before the expected chill, so as to reach the blood at the time when the spores are thrown into the circulation and are in their most susceptible state. He uses quinin in solution, five grains for each fifty pounds of weight, one hour before the chill, and follows with the same dose in chronologic sequence. *Medical Record.*

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**GUNSHOT WOUNDS OF BODY.**—Kenserson reports seven cases, which he divides into two classes: One class that of penetrating wounds of the thorax, contained three patients, all of whom recovered, with practically no treatment except local drainage; the other class, that of penetrating wounds of the abdomen, contained four patients, two of whom had multiple perforating wounds of the intestine. Of these four patients, one died of septic peritonitis on the fifth day; one of hemorrhage, and two recovered, one with simple superficial drainage, the other after laparotomy. The cases reported are as follows: 1. Five perforating wounds of the intestines; death in five days. 2. Wound of left chest over the heart; recovery. 3. Pene-

trating wound of right pleura; puncture of lung; recovery. 4. Penetrating wound of abdomen; injury in liver and kidney; recovery. 5. Penetrating wound of right chest, puncture of right lung, with recovery. 6. Perforating wound of abdomen, ten bullet wounds of intestine; recovery. 7. Penetrating wound of mesentery, uncontrollable bleeding; death on second day.—*New York Medical Journal*.

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HISTORY OF AN EPIDEMIC OF PUERPERAL FEVER FROM STREPTOCOCCI.—Gonnet (*Lyon Medical*) gives the history of an epidemic of puerperal fever occurring in the University Obstetrical Hospital. Although such epidemics are much less frequent than formerly and are of less severity, still they occur at the present day. The source of infection may be brought into the ward by any case that has been subjected to repeated examinations before admission, and the cause of the infection in the first case is believed by the author to be always the hand. The cause in general is the streptococcus pyogenes. The only means of putting an end to the epidemic is the prompt isolation of each victim as soon as the infection is discovered. The danger of contamination exists during the latent period of incubation, while many cases are insidious, accompanied by slight elevation of temperature and few uterine signs. The possibility of the early recognition of the streptococcus in the lochia is most important. As soon as a single streptococcus case has occurred in a ward a systematic examination of the lochia of each patient in the ward should be made daily. We must have a means of recognizing the streptococcus quickly in cultures, and the use of blood-agar gives us such a means. This means has been used in the hospital

mentioned, where there are several confinements every day. Several other micro-organisms have been found in the lochia, especially certain anaërobes. The epidemic began with the arrival of a patient whose membranes had been ruptured three days before entrance and who had submitted to many vaginal examinations. Delivery was nevertheless normal. Two days later there was a rise of temperature and pulse, and streptococci were found on the blood-agar. The case was promptly isolated, but new ones began at once to occur among those delivered in the same room. There were ten cases in all, of which the author gives the histories. There were present other micro-organisms, but of feeble pathogenic quality. When the anaërobes were present in numbers the temperature rise was moderate. In one-half of the cases the culture contained only streptococci; in the others there were staphylococci. When there were few colonies, isolated, and easy to count there was a mild infection. The contagion is very rapid and easy; it is only necessary for the patient to remain a few hours in the same room with an infected woman to begin to show streptococci. It is propagated by the hands of the attendants, rarely directly from one patient to another. The persistence of the streptococcus in the genitals is very variable. Even after the temperature has fallen there may be streptococci in the discharges for a long time, and they are always dangerous. Streptococci of a latent type are frequent. Without any symptoms the germs are still present, and such cases are very dangerous to other patients. The examination of the blood is most important, the prognosis being fatal when the germs are found in it. The prophylactic measures and those necessary to stop the spread of the

epidemic are early examination of the lochia of all suspects and isolation of all cases at once. As soon as the temperature reaches 38° C. the patient should be isolated.—*Ex.*

frequent, and these are dangerous cases and should be put under early treatment, both for their own benefit, and the protection of the community. Sixty per cent. of cases recover under hospital treatment.—*Medical Record.*

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FIBROMA MOLLUSCUM AND PENDANT TUMOR OF THE BREAST.—C. Winfield Perkins, of Princeton, describes a male patient suffering from fibroid growths of various parts of the body, one of which weighed 30 pounds and was pendant from the left breast.—*Medical Record.*

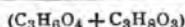
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ALCOHOLIC DELUSIONAL INSANITY. L. F. La Pierre, of Norwich, Conn., says that alcoholic delusional insanity is a psychosis occurring on a basis of chronic alcoholism, presenting a varied duration and characterized by delusions of persecution and hallucinations of the special senses. The etiology is alcohol used for years in varied quantities. His conclusions are based on the study of 104 cases treated at the Connecticut Hospital for the Insane. In cases of insane or alcoholic heredity the course of the disease is practically the same as in those patients with an ordinary inheritance. The prodromes of the attack may be absent. They are irritability, suspicion, restlessness and low spirits. Headache and loss of appetite are present, with furred tongue, trembling of hands and tongue, and insomnia. There are auditory and visual hallucinations, as well as tactile and olfactory ones, leading the patient to delusions and illusions of hearing. Consciousness and orientation are normal. Memory may be clouded. The train of thought is coherent and relevant, but judgment is impaired. Somatic delusions are present and volitional impulse increased. Homicide and suicide are

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MEDICAL EDUCATION IN THE ARMY. Colonel P. F. Harvey remarks that the impression still largely exists, even among well-educated people, that in case of war there would be an ample supply of skilled physicians and surgeons at once available for service. Those holding this opinion are unaware of the essential requirements of the military surgeon, who, in addition to his purely professional duties, must be acquainted with the complex subjects of military medical administration, including the customs of the service, the hygiene of posts and camps; the service of the front and rear during and after a battle; the establishment of field hospitals and dressing and ambulance stations; the school of the soldier; the hospital corps drill; methods of removing wounded; inspection and muster; and the preparation of the multiple reports, requisitions, etc. The all-around, competent medical officer has to have special training and is not at once improvised from the recent graduate or even from the experienced civil practitioner. Like most other governments, the United States has an Army Medical School, located in Washington, in which those entering the medical corps of the army receive their special instruction, being taken first as contract surgeons, and after graduation filling existing vacancies in the medical department. Medical officers of the militia are also eligible for admission and Harvey thinks that their attendance should be encouraged. The instruction covers all subjects that the

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medical officer is required to know in the ordinary course of his duties, and its practical outcome has been to increase greatly the efficiency of the medical corps. He also gives a brief résumé of the general educational system adopted in the United States Army, which may, in time of peace, be regarded as a vast educational institution. Military hygiene is one of the subjects studied at West Point in the infantry and cavalry schools, and in the garrison schools, and the promotional examinations of officers up to captain in the infantry and cavalry and of lieutenant in the artillery include this subject.—*Jour. A. M. A.*

evidence of appendicitis was discovered in 82 cases. The author estimates that appendicitis is much more frequent in women than has been generally accepted, and that about 60 per cent. of all women are affected during the period of sexual activity. Lesions of the appendix also furnish a potent source of inflammatory conditions of the pelvic organs, and are not rarely the cause of sterility induced through stenosis of the tube. A very large proportion of the pains in the right lower abdominal quadrant, formerly ascribed to ovarian conditions, is the result of a previous acute appendicitis.—*Münchener medizinische Wochenschrift.*

**IODINE AS AN ANTIDOTE IN CARBOLIC ACID POISONING.**—John Maberly reports three cases. The first two recorded demonstrate the value of iodine for the ill effects of carbolic acid on the mouth and throat, when administered soon after the poison has been swallowed and before any symptoms which can be distinctly traced to its effects on the stomach and intestines have had time to develop. The third case had all the toxic effects of the poison, fully developed, as well as distinct signs, in the tympanitic abdomen and the dark and slimy stools, of the poison having reached the stomach and intestines and set up changes there. The administration of iodine can be safely credited with the happy result obtained.—*The Lancet.*

**REMOVING THE APPENDIX IN GYNECOLOGICAL OPERATIONS.**—Pankow is of the opinion that at all laparotomies for gynecological purposes the appendix should be removed. As a result of careful study of 147 appendices that were removed at pelvic operations for a great variety of conditions, distinct

**BRACE FOR TREATING FLAT FOOT.** Berry has modified his original brace for treating flat or weak foot. After the foot is oiled with vaselin, an outline of the brace, including both the arch-supporting portion and the base piece, is drawn on the foot with a dermatographic pencil and a plaster mold made of the arch of the foot, including the heel. In making the mold the leg is flexed at the knee and the foot rests on a support with its internal surface upward. The foot rests in a shallow, open, rectangular box, one long side of which has been removed. The ball of the foot resting against the long side of the box and the bottom of the heel is held about an inch from the side of the box. The back of the heel, however, rests against one end of the box. The space between the foot and the side of the box is filled with plaster cream, and the plaster cream is spread up over the foot to include the arch and heel. The dermatographic pencil outline of the brace transfers to the mold. The mold is coated with vaselin; the dermatographic outline freshened and a plaster casting made. The dermatographic outline again transfers

and following this outline a drawing of the brace is made on the cast. By making use of the dermatographic pencil outline as above described no mistake can be made by either the surgeon or instrument maker as to the proper position on the cast over which to fit a brace. The arch is cut out higher or shaped up as desired and the cast sent to the instrument maker. The instrument maker constructs a brace fitting the cast and following the outline drawn on it. Both the arch-supporting portion and the base piece are made of galvanized steel; the weight and strength of the steel depending on the weight of the individual for whom the brace is made.—*Albany Medical Annals*.

**PERCUSSION OF THE SKULL AS A MEANS OF PLACING THE INDICATION FOR THE PERFORMANCE OF LUMBAR PUNCTURE WITH SPECIAL REFERENCE TO ITS APPLICATION IN CEREBROSPINAL MENINGITIS OF THE EPIDEMIC TYPE.**—Henry Koplik states that percussion of the skull affords a means of detecting acute hydrocephalus, whether caused by acute distention of the ventricles on the first day of a cerebrospinal meningitis or during the slow, insidious onset of a tuberculous meningitis. When the lateral ventricles are distended with serous fluid, the percussion note at a given spot varies according to the position of the head. While the person sits with head upright, the most resonant note is brought out by percussion of the skull by means of the finger toward the basal level of the frontal bone, and the squamous part of the parietal bone. On the lower bone, as the head is inclined to one side, percussion gives a tympanitic note. In cases of acute distention of the ventricles lumbar puncture is a life-saving operation.

The writer considers percussion of the skull the only definite means of determining whether there is an increase of fluid in the ventricles or the subarachnoid space causing pressure effects, and therefore demanding immediate relief. He cites a number of cases in point.—*Medical Record*.

**HEART DISEASE IN RELATION TO PREGNANCY.**—Blacker says that the view that increased work is thrown on the heart during pregnancy, while probable, has not been proved. During gestation there is probably an increase in the total amount of blood in a woman's body and an increase in the respiratory changes occurring in the placenta. There is also a necessity for getting rid of an increased amount of waste material produced partly by the mother and partly by the fetus. While this is so, much of the strain, Blacker thinks, is thrown on the right side of the heart, as well as on the left side, and cannot, therefore, be taken as complete proof of the occurrence of hypertrophy of the left ventricle during gestation. He thinks that the old idea that the heart normally hypertrophies during pregnancy is not proved beyond doubt. In some cases hypertrophy of the heart is the chief change occurring, while in others there is hypertrophy of the left ventricle and dilatation of the right heart. In some healthy women neither hypertrophy nor dilatation occurs. There are, he says, no characteristic changes in the pulse of pregnant women. In cases of pregnancy complicated by heart disease, the risk of cardiac failure is to be guarded against. If after delivery there are signs of over distension of the right heart, Blacker recommends encouraging postpartum hemorrhage or even performing venesection. With regard to for-

bidding the patient with heart disease to marry, Blacker takes a moderate course. He thinks the majority of women with cardiac disease pass safely through pregnancy and confinement. If the patient's heart disease is compensated and there are no symptoms, she may marry. Cardiac failure probably will occur sooner or later, whether she becomes pregnant or not. It may be precipitated, but it is doubtful whether the risk is sufficiently great to justify the physician in denying her the right to marry.—*British Medical Journal*.

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**THERAPEUTIC VALUE OF ARTIFICIAL LOCALIZED HYPEREMIA IN THE TREATMENT OF AMBULATORY OR DISPENSARY CASES.**—Edwin Beer believes that artificial localized hyperemia is a most important therapeutic agent. Hyperemia is of two kinds, active or arterial, and passive or venous. The two methods employed by the writer are the suction and the constriction method. Suction hyperemia is brought about by cupping the part to be treated. During this procedure no pain should be caused and the suction should be intermittent. By this process an early separation of dead from living tissues is effected with discharge of all pus and sloughs. The 90 odd cases treated by the author in this way include the following conditions and diseases: Prevention against infection in incised and perforating wounds of the extremities, infected wounds and cellulitis of fingers or hand, abscesses, furuncles, carbuncles, acute suppurative adenitis, acute bursitis, contusions and more chronic conditions. Many of the cases in which constriction hyperemia was used were chronic. Excellent results have been obtained by this method in the case of tuberculous bones and joints. It has also been

employed in a variety of superficial conditions and in neuralgias. Artificially produced edema has an analgesic action as well as antibacterial. There is also a nutritive and a resorptive influence inherent in this process. *Medical Record*.

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**THE RENAL COMPLICATIONS AND SEQUELÆ OF INFLUENZA.**—Heinrich Stern, of New York, believes that renal complications after influenza have not been given the importance that is desirable. Slight complications in the form of renal congestion are frequent. Acute nephritis is not common, but the bacilli may be retained for years in the body and become periodically active, and affect the kidneys. Aggravation of a previous existing renal disease is frequent and of importance as a matter of prognosis. Post-influenzal nephritis occurs after the acute symptoms have subsided. This form is chronic and a phenomenon of reinfection. It is really a sequela and is of the character of chronic interstitial degeneration.—*Medical Record*.

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**INFLUENZA OF THE NOSE, THROAT AND LARYNX.**—W. Sohler Bryant, of New York, describes the course of influenza and the complications involving the nose, throat and larynx. Pressure in the nose causes reflex symptoms in the higher centers of the cortex and brain. The ostia of the various sinuses are closed and catarrhal inflammation of those cavities may ensue. The frontal and maxillary sinuses cause frontal and facial pain and tenderness. When the ethmoidal and sphenoidal sinuses are involved there is extreme intranasal tenderness and discharge, with pain deep in the head. In the pharynx

tonsillar inflammation and abscess may occur. The larynx when involved, shows its inflammation by irritating cough and pain. Prognosis for recovery is good. Treatment is abortive, local and general. Abortive treatment consists of the application of astringents, preferably silver nitrate to the mucous membranes. Irrigation with saline solutions and peroxide of hydrogen are useful when there is pus. Sinus complications may be helped by hot irrigations of the nasal cavities.—*Medical Record.*

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DISPLACEMENT OF THE FALLOPIAN TUBES TO PRODUCE STERILITY.—A. E. Rockey mentions instances in which he considers an abortion justifiable as a necessity in saving life, and others in which the possible occurrence of pregnancy would expose the patient to danger which it is most desirable to avoid. He cites a number of cases in point, and gives his method of insuring sterility both safely and positively. His technique he describes as follows: When the cornu of the uterus is brought into the field of incision, the tube is seized near its uterine end with a pair of forceps. The sharp point of a pair of scissors is thrust into the cornu and the uterine end of the tube is cut out by a V-shaped incision with two cuts of the scissors. The wedge-shaped point of the excised end of the tube is caught with the forceps, drawn out a little between the partly closed blades of the scissors and cut off. The severed end of the tube will then slip into the peritoneal sheath and be completely covered by it. One cat-gut stitch is passed through this cuff, then through the fundus posterior to the inner end of the V-shaped incision from behind, forward, and tied, thus fastening the closed ends of the tube back of its original position. Two

more stitches are passed around the tube and through the cornu to close the V, to control the bleeding, and to fasten the tube to the outside of the closed cornu.—*Medical Record.*

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SURGICAL ASPECTS OF MALIGNANT ENDOCARDITIS.—Joseph A. Blake, of New York, says that those cases of malignant endocarditis in which the only demonstrable lesion is in the endocardium and which progress with all the evidences of a profound general intoxication are beyond the pale of surgery. There are other cases, however, in which as the result of the lodgment of infectious emboli abscesses develop in the tissues or organs which may be reached by surgical intervention. In still other cases a definite local suppurative process is the point from which the infection of the blood and endocardium originates, and it may be possible by surgical treatment to stop this continuous infection of the blood stream. He also suggests that a low grade of valvular implication is present in more cases of general pyogenic infection than is usually supposed, and cites a case in point.—*Medical Record.*

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ADDISON'S DISEASE IN CHILDREN WITH THE REPORT OF A CASE.—D. Felberbaum and E. A. Fruchthandler report such a case occurring in a child twelve years old. From the entire picture and termination the case was undoubtedly one of Addison's disease, complicated by vagabondism. There were unusual findings in the stools, each microscopical field showing a great number of oval egg-like bodies, measuring about four times the size of a red blood corpuscle. The cytoplasm appeared as a thin but distinct rim around a large oval nucleus, giving

the impression of encysted protozoa. Various well-known pathologists examined and studied the feces, but were not able to determine the nature of these bodies. In the case reported there was also eosinophilia, and a termination by severe convulsions and coma lasting eight hours. In a survey of the literature they succeeded in collecting 25 cases, including their own, and in conclusion called attention to some of the more important facts which are characteristic of the disease, as follows: 1. Extreme rarity of the disease in children under thirteen years of age. 2. It is as frequent in boys as it is in girls. 3. Mildness of gastro-enteric symptoms. 4. Peculiar condition of the hair. 5. Death usually under convulsions.—*New York Medical Journal*.

**TREATMENT OF JOINT TUBERCULOSIS IN CHILDREN.**—Leonard W. Ely of New York says that the essential idea of joint treatment is rest. He describes the apparatus by which this is to be attained in each of the various joints that are commonly affected in the body, with the method of application of plaster dressings and braces. He then describes the general treatment that is most efficacious.—*Medical Record*.

**INTERNAL SECRETIONS OF OVARY AND TESTICLE.**—Llewellyn claims that the internal secretions of the ovary and testicle contain one or more ingredients physiologically antagonistic to at least part of the secretion of the thyroid gland, and that such ingredients are the main agents in the neutralization of the thyroid secretion in the body during the reproductive period of life. He reports three cases of exophthalmic goiter, successfully

treated, by ovarian substance. In two of the cases discontinuance of the remedy was followed by return of the disease, and symptoms again promptly ceased on the renewal of the treatment.—*Australasian Medical Gazette*.

**LIABILITY OF RAILROAD AS CARRIER TO PESTHOUSE.**—The Supreme Court of Appeals of West Virginia holds, in the case of *Jenkins vs. Chesapeake & Ohio Railway Company*, that where, by a contract made between a county court and a railroad company for the mutual advantage of the parties thereto in preventing the spread of a contagious disease, the carrier agrees, in consideration that the county court shall provide and maintain a pesthouse for the care and treatment of persons infected with such disease, to furnish and properly equip a car therefor, and transport such persons to the pesthouse, one of the class of persons therein designated in whose interest it is made may maintain in his own name an action against such carrier, either for damages resulting from a breach of its duty to him under the contract, or arising out of the relation of carrier and passenger after he has been accepted as a passenger.—*Journal of the American Medical Association*.

**MEDICAL TREATMENT OF TUBERCULOUS ADENITIS.**—A. Robin advocates general, local and hydromineral treatment. The general treatment consists of nourishing food, especially gelatinous compounds, arsenic and cod liver oil. The local treatment consists of friction with an ointment as a placebo to content the relatives, radiotherapeutics as the preferred remedy, and injections of arsenic when this cannot be given. The hydromineral treatment consists of a sojourn at a spring

that contains sodium, magnesium and calcium, with residence in the open air. This is followed by an arsenical cure at other springs, and a life at the seaside for the summer, with a warm climate for the winter. The X-rays cause an isolation of the glands, and a slow diminution in size. The integrity of the skin must never be compromised.—*La Bulletin Medical*.

**SIX CASES OF MALIGNANT ENDOCARDITIS.**—Alfred Meyer of New York describes six cases of malignant endocarditis. They have for years been called ulcerative endocarditis and are of bacterial origin. The essential fact is the presence in the circulation of micro-organisms of various kinds. The chief symptoms are fever, increased pulse rate, petechiæ on skin and conjunctiva, and embolic complications. Auscultatory and percussion evidence of heart trouble may both be absent. Bacteria are not eliminated by the kidneys. Treatment is of no avail.—*Medical Record*.

**ACUTE GENERAL PERITONITIS.**—Chandler emphasizes the importance of not washing out the abdomen under any conditions. At the lower angle of the median incision a large rubber drainage tube is placed. This tube carries a wick of gauze. If necessary, Chandler makes multiple drains, by puncture wounds in the flanks, over the kidney region, or wherever necessary. Through these puncture wounds, small split rubber drainage tubes containing a wick of gauze are placed. The head of the bed is elevated, the patient is given a normal salt solution by rectum continuously. No food is given by mouth for four days; morphin is administered hypodermically as an "abdominal splint." A high

enema of milk and molasses is given on the fourth day. Chandler believes that nine out of ten patients can be saved by this treatment.—*New York Medical Journal*.

**URIC ACID SYMPTOMS (RHEUMATISM) AND THEIR RELIEF BY COLCHICUM AND THE SALICYLATES.**—A. H. P. Leuf, of Philadelphia, believes that the etiology of uric acid formation is unknown, nor is the symptomatology of excessive uric acid fully known, but rheumatism is synonymous with uric acid excess. Absence of uric acid from urine does not show that it does not exist in excess in the body, where it disturbs all the tissues. A single symptom may show this excess and not be recognized. Symptoms benefited by colchicum and salicylates are due to uric acid. Uric acid causes catarrhs of the excretory mucous membranes of bladder, urethra and intestine; toothache and visceral rheumatism. Symptomatology of uric acid is due to its formation in excess of elimination; structures poor in circulation are most affected, as bones, tendons and serous membranes. Wine of colchicum and salicylic acid give prompt relief. Magnesium sulphate to keep the bowels open and the before-mentioned remedies pushed to physiological effects, with static electricity and heat to increase circulation are the best treatment.—*Medical Record*.

**INFLAMMATORY LESIONS OF THE TUBES AND PREGNANCY.**—Louis Verdet (*Gaz. Hebdomadaire des Sci. Med.*) describes a case of pelvic peritonitis with salpingitis and fixed uterus in which conservative treatment resulted in removal of all the exudates and a normal pregnancy and delivery followed. It is generally held that sal-

pingitis prevents future pregnancies, and while sterility as a rule follows, this case shows that it is not invariably present. Pregnancy is possible both in the course of and after salpingitis. Abortion may be the result; but, as in this case, normal delivery may follow. Pregnancy, when it does occur, has a favorable effect in hastening the melting away of the inflammatory tissue following the peritonitis. Hence, a conservative treatment should be used whenever possible in such cases.—*Ex.*

—:o:—

### Notes and Comments.

The New York Medico-legal Society and the American International Congress for Tuberculosis will hold a joint annual session at Chicago, June 1, 2 and 3, 1908. The Local Committee of Arrangements consists of Dr. Denslow Lewis and Dr. Thomas Bassett Keyes, of Chicago, and Dr. E. S. McKee, of Cincinnati. The latter was named to take the place of Dr. Nicholas Senn, deceased. For particulars address 39 Broadway, N. Y.

New York Skin and Cancer Hospital, Second Avenue, corner Nineteenth Street. The Governors of the New York Skin and Cancer Hospital announce that the following lectures will be given in the Out-patient Hall of the Hospital on Wednesday afternoons, at 4.15 o'clock. Dr. L. Duncan Bulkley: Pathology in Its Practical Bearings Upon the Treatment of Certain Diseases of the Skin, March 4th; also clinical lectures on Diseases of the Skin, until April 15th. Dr. William Seaman Bainbridge: On the Treatment of Unremovable Cancer, with Exhibition of Cases, April 22, 1908. The lectures will be free to the medical profession. William C. Witter, Chairman of Executive Committee.

SMITHSONIAN INSTITUTION. HODGKINS FUND PRIZE.—In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man." In furtherance of the doner's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 21 to October 12, 1908, a prize of \$1,500 is offered for the best treatise "On the Relation to Atmospheric Air to Tuberculosis." Memoirs having relation to the cause, spread, prevention, or cure of tuberculosis are included within the general terms of the subject.

Any memoir read before the International Congress on Tuberculosis, or sent to the Smithsonian Institution or to the Secretary-General of the Congress before its close, namely, October 12, 1908, will be considered in the competition.

The memoirs may be written in English, French, German, Spanish, or Italian. They should be submitted either in manuscript or typewritten copy, or if in type, printed as manuscript. If written in German, they should be in Latin script. They will be examined and the prize awarded by a Committee appointed by the Secretary of the Smithsonian Institution in conjunction with the officers of the International Congress on Tuberculosis.

Such memoirs must not have been published prior to the Congress. The



Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

No condition as to the length of the treatises is established, it being expected that the practical results of important investigations will be set forth as convincingly and tersely as the subject will permit.

The right is reserved to award no prize if in the judgment of the Committee no contribution is offered of sufficient merit to warrant such action.

Memoirs designed for consideration should be addressed to either "The Smithsonian Institution, Washington, District of Columbia, U. S. A.;" or to "Dr. John S. Fulton, Secretary-General of the International Congress on Tuberculosis, 714 Colorado Building, Washington, District of Columbia, U. S. A." Further information, if desired by persons intending to become competitors, will be furnished on application.—Charles D. Walcott, Secretary of the Smithsonian Institution, Washington, D. C., February 3, 1908.

A correspondent in Spokane, Wash., sends us the following: Dr. W. A. Egbert, a practicing physician in Spokane, has just awakened from a sleep of 312 hours, during which a dozen of the foremost medical men in eastern Washington failed to arouse him. While the happenings of the thirteen days are as a blank to him he came out of the sleep refreshed and with a cleared vision and a healthy appetite, declaring also that his heart action is better than it has been in fifteen years. The case is one of the strangest known to the profession in the Northwest.

Dr. Egbert retired at the usual hour the night of Jan. 26, occupying a couch in a room adjoining his office. He was found on the floor the following morning by Walter H. Thomas,

who shares the suite. Failing to arouse the sleeping man, Thomas called Capt. John Gray, a member of the city council, who summoned several physicians, among them Drs. D. C. Newman and E. L. Ingersoll, but their efforts were of no avail. Dr. Egbert remained in a comatose condition until the night of Feb. 1, when he was conveyed to St. Luke's Hospital, where ten physicians worked over him but were unable to awaken him. On the evening of the thirteenth day the physician literally jumped from the bed and asked where he was. He was discharged a few days later.

Speaking of the case, Dr. Egbert said to the correspondent:

"For a few days before starting in on my long sleep, I had not been feeling well, and yet did not call myself sick. I had taken a little strychnia and several doses of aconite for a cold, but I know nothing in the whole curriculum of medicine that would bring on such a condition as that which I have passed through. It was certainly a good long nap and at its close I felt refreshed, and my heart's action is better to-day than it has been in fifteen years. The whole period is a blank to me. I had no pain, and the doctors tell me there were no tetanus spasms, such as might be produced by too much strychnia. The sleep was not the result of liquor or dope of any kind, as I had taken no narcotic."

None of the physicians in attendance have attempted to diagnose the case, and they declare it was the strangest attack that has yet come into their experience. Dr. Newman said that in the long sleep the physician's body was limp and that he appeared like a man dying. This belief was shared by the attendants and nurses, who on the fifth day said the dissolution was only a matter of hours.



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# XXXVII

**T**HIRTY-SEVEN years ago, A. H. Hassell, M.D., F.R.S., President of the Royal Analytical Association, London, analyzed Colden's Liquid Beef Tonic, and gave it his official approval:

Thirty-seven years of continuous use and the unqualified endorsement of a large number of the foremost physicians of England, Canada and this country have proved conclusively that as a means for exciting the appetite, increasing the digestive powers, and stimulating the nutritive processes generally, Colden's Liquid Beef Tonic is remarkably efficacious. Write for sample and literature. Sold by all druggists.

Dose: Two tablespoonfuls ten minutes before each meal.

THE CHARLES N. CRITTENTON CO.,  
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Dear Doctor:

## FOR RHEUMATISM

And Allied Complaints. Prescribe

**Griffith's Compound Mixture of Gualiac, Stillingia, etc.**

The "old reliable" internal preparation for  
**Acute and Chronic Rheumatism, Gout, Lumbago, Neuralgia, Sciatica, Etc.**

It contains Gualiac, Stillingia, Prickly Ash, Turkey Corn, Colchicum, Black Cohosh, Sassaaparilla, Salicylates of the Alkalies, Iodide Potassa, and other well-known remedies, acting as a powerful alternative, so combined as to be acceptable to all patients. It has been before the profession over twenty years, and has proved perfectly satisfactory in 98 per cent. of the cases indicated.

Guaranteed by the manufacturers under the Food and Drugs Act, June 30, 1906.

IT DOES NOT CONTAIN OPIUM IN ANY FORM, HEROIN, COCAINE, ALPHA OR BETA EUCAINE, CHLOROFORM, CANNABIS INDICA, CHLORAL HYDRATE, ACETANILIDE, or MERCURY. But they can be given separately if indicated.

FOR PROOF, we will, upon request, send you by Express a regular eight oz. (\$1.25 size) bottle as a sample for trial, providing you will enclose 40c for the prepayment of express charges.

**Griffith Rheumatic Cure Co.**

67 Third Avenue, cor. 11th St., New York.

P. S.—This mixture is carried in stock by the principal Wholesale Druggists in the U. S.

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Baltimore, Md.**

# THE PRESCRIPTION

## Therapeutic Cullings.

### TYPHOID FEVER.—

℞ Ol. terebinthinæ, fl. ℥ ij.

Sig. Wring flannel out of hot water, dip it into cup of warm turpentine, and again wring out flannel. Apply this to abdomen while hot. Warm the turpentine by placing it in a tin cup, and setting this in a vessel of hot water.

Indication.--Used in tympany.—*Ex.*

BURNS.—Burns caused by hot or molten metal are usually circumscribed and characterized by complete tissue destruction and unusual depth. Their treatment calls for nothing out of the ordinary.

Burns caused by electricity are peculiar only in the shock that accompanies them. Frequently the victim falls, apparently dead. Artificial respiration should be started immediately and kept up while the usual procedures are carried out to combat shock. At the same time advantage may be taken of the unconscious condition to do a painless dressing.

Chemical and X-ray burns belong in a special class. If at all serious, their appearance gives almost no indication of the amount of necrosis which may follow and to which they seem particularly prone. They manifest a marked inhibition of all reparative processes, and the X-ray burn causes an amount

of pain out of all proportion to the lesion. Ointments are of little use except for the purpose of relieving the pain. The curette followed by skin grafting is frequently necessary to effect a cure. The following ointments have all been used, with benefit in some cases and failure in others:

℞ Mentholis, gr. x.

Petrolati, ℥ ij.

M. Sig. Use externally as directed. Or:

℞ Cocainæ hydrochloridi, gr. x—to xxx.

Petrolati, ℥ ij.

M. Sig. Use externally as directed.

Any cocaine preparation must be used on excoriated surfaces with care lest too much be absorbed.

℞ Acetanilidi, gr. 40.

Petrolati, ℥ 2.

M. Sig. Use externally as directed.

Large burned surfaces should not be dressed with acetanilid preparations, lest a dangerous amount be absorbed.—*Ex.*

ITCH OF INFANTS AND YOUNG CHILDREN.—The itch of infants and young children is comfortably cured by blowing a teaspoonful of sulphur into their nightgowns and scattering powdered sulphur lightly over the under sheet of the bed. A little sulphur ointment, cold cream ℥ j and sulphur ℥ j, may be used about the fingers,

wrists, buttocks and ankles. Soldiers in barracks and tramps in jails, work-houses, or charitable institutions should be cured at once, but in private practice the ordinary gentle means should be used. Sulphur ointment long-continued causes a dermatitis. The directions of the books are ample—notably the English authors.—*Indiana Med. Jour.*

**ACUTE DYSENTERY.**--Butler employs an enema of ten grains of tannin added to four per cent. solution of boric acid. Trousseau advises the injection of six ounces of water containing five grains of silver nitrate. Bartholow prescribes:

℞ Cupri sulph., gr.  $\frac{1}{8}$ .  
Magnesii sulph., 3 i.  
Acidi sulph. dil., m 8.  
Aq., q. s.

A tablespoonful every four hours.  
Hope's mixture consists of:

℞ Nitric acid, m ss.  
Tinct. opii, m iiss.  
Aq. camphoræ, q. s.

A tablespoonful at a dose.—*Denver Med. Times.*

**THE COLON—A STRATEGIC POINT IN MEDICINE.**—Dunning S. Wilson treats as synonymous the terms colon and large intestine. There is no practical difference in their structure or function. The function of the large intestine is twofold. It serves as an absorbent of the material occupying its lumen as well as playing the part of sewer. The writer explains his use of the word strategic by saying that this point may serve admirably in fighting disease, but unless it is taken care of and watched closely it may prove even in health to be the cause of death. He quotes Metchnikoff, who believes that the colon and other parts of the large intestine are responsible for the low average of

human life. In order to put this large gut into a condition as nearly harmless as possible, the writer suggests the following measures: Plenty of pure water should be drunk. This will aid in the elimination of phenol, indol and the like. The use of milk which has undergone lactic acid fermentation greatly reduces the products of intestinal putrefaction. The careful use of an occasional saline laxative will flush the whole intestinal canal. Finally, the writer advises the regular employment of colon lavage, which cleanses the large intestine as nothing else will do. He believes that such diseases as perityphlitis, appendicitis, dysentery and certain forms of fevers of the typhoid type can be prevented by simple measures, which keep the colon comparatively clean. He believes, too, that headaches would be less frequent, neuralgia could be cured, and gout would be robbed of its sting if patients could be persuaded to follow a few simple rules.—*The American Practitioner and News.*

#### EPIDIDYMITIS.—

℞ Argenti nitratis, gr. xxx.  
Aq. dest., fl. 3 j.

M. Sig. Paint over scrotum freely.

Indications. — Used during acute stage of inflammation to relieve pain and reduce swelling. Support testicles by means of large suspensory bandage.—*Ex.*

**EPIDIDYMITIS.**—In epididymitis the affected testicle should be wrapped in lint and moistened constantly, either with lead water and opium or the following:

℞ Tinct. aconiti,  
Tinct. opii, aa 3 j.  
Liq. plumbi subacetatis dilut.,  
Aq., aa 3 ij.

*The Med. Sum.*

**BALDNESS.**—This, like the treatment of carcinoma, should be begun early. As soon as a few loose hairs are noticed in the brush or comb a stimulating lotion, with friction, should be used. If a few hairs are falling out and a few are turning white a very good mixture is the following:

℞ Tinct. of jaborandi,  
Liniment of soap, aa part j.  
Cologne aq, part ij.

This should be rubbed into the scalp and through the hair once daily. The jaborandi has the power of darkening the hair, rendering it rather a dark brown, and will hide slight grayness. The soap liniment is a stimulant to the scalp and causes the hair to grow, and the Cologne water renders the mixture less disagreeable.—*The Med. Council.*

**LEAD COLIC.**—

℞ Powd. opium, gr.  $\frac{1}{4}$ .  
Ext. belladonna, gr.  $\frac{1}{12}$ .

One such pill every two hours for 24 hours.

At the same time, the following purgative should be given and repeated in twelve hours:

℞ Sodium sulphate, 3 iv.  
Magnesium sulphate,  
Syr. raspberry, aa  $\frac{3}{4}$  j.  
Aq.,  $\frac{3}{4}$  vij.

*Merck's Archives.*

**ACUTE DILATATION OF THE STOMACH.**—The occurrence after laparotomy of marked distention of the upper abdominal zone, vomiting and collapse, points to acute dilatation of the stomach.—*Amer. Jour. of Surg.*

**HAY FEVER TREATED BY WAY OF THE ANTRUM.**—Schadel, in the *Med. Rec.*, relates treating 92 cases of hay fever by washing out and medicating the antrum of Highmore, with which treatment he obtained the best results

in all but one case. Most of the patients were entirely cured in from one to three weeks and remained so. The affection does not occur in persons in whom the ostium maxillare is of the normal small size, but in those in whom the disease, malformation or injury has made the antrum opening of sufficient size to admit germs to the interior of the cavity.—*Ex.*

**SCARLET FEVER.**—Early in the disease Wiest begins to give the following:

℞ Tinct. digitalis (fresh), 3 ss.  
Liq. ammon. acetatis (fresh),  
3 iss.  
Spir. etheris nitrosi, 3 ij.  
Syr. tolutani,  
Aq. cari, aa  $\frac{3}{4}$  ss

M. Sig. Teaspoonful every three hours.

For the itching, Shollenberger uses an ointment having this composition:

℞ Menthol, gr. x.  
Ungt. zinci oxidi,  $\frac{3}{4}$  ss.  
Lanolini, q. s. ad  $\frac{3}{4}$  ss.

M. Sig. Apply locally.—*Medical Record.*

**INTUSSUSCEPTION.**—In the treatment of intussusception the irrigation method should not be persisted in for too long a period, 48 hours being the maximum limit. The fluid should not be injected under high pressure, the irrigator not being suspended more than one and one-half or two feet above the patient.—*International Jour. of Surgery.*

**BOILS.**—

℞ Alumini acetatis,  $\frac{3}{4}$  j.  
Aq. dest., fl.  $\frac{3}{4}$  iv.

M. Sig. Apply constantly on absorbent cotton saturated with the lotion.

Indication.—Used in papular stage to abort.—*Ex.*

## MENORRHAGIA.—

- ℞ Ferri chloridi, gr. xvj.  
Tinct. opii, gtt. x.  
Syr. tolutani, ℥ ij.  
Aq., ℥ vj.

M. Sig. Tablespoonful every one to two hours.

- ℞ Acidi gallici, gr. xv.  
Acidi sulphurici aromat., m xv.  
Tinct. cinnamoni, 3 ij.  
Aq. dest., ℥ ss.

M. Sig. Tablespoonful in water every four hours.—*Med. Fortnightly.*

EPISTAXIS.—The treatment of nose bleed is local, and the most reliable means available is plugging the nostrils with cotton which is saturated with adrenalin chloride 1 to 2000. Compression of the artery on the upper lip near the nose by pressure against the jawbone will often control the hemorrhage.—*Carolina Medical Journal.*

DYSMENORRHEA.—In spasmodic and neuralgic dysmenorrhea the following prescription will prove beneficial if administered several days prior to and during the menstrual epoch:

- ℞ Fl. ext. hyoscyami, 3 ij.  
Fl. ext. cannabis indica, 3 j.  
Fl. ext. cimicifugæ, 3 iv.  
Spir. camphoræ, 3 j.  
Spir. etheris comp., q. s. ad 3 iij.

M. Sig. Teaspoonful in water three times a day —*Med. News.*

GELATIN CAPSULES.—It is a sad commentary that the very gelatin capsules with which we endeavor to pleasantly administer bad tasting drugs should possibly contain the germs of tetanus, as stated by Dr. Wiley in the *Dietetic and Hygienic Gazette*. Dr. Wiley states that the gelatine factories are the dirtiest in the world; that this gelatin is sometimes

made in glue factories; that the stuff that is not fit for glue is made into gelatin, and that this gelatin is used in ice-cream and candies, and to make capsules for the administration of medicine. He also states that "there is plenty of wholesome raw material for making clean, pure gelatin."

It would be perfectly easy to investigate the purity of gelatin capsules by asking the druggist of whom he buys his capsules, and then from inquiry find where these capsules are made. Next, some of the members of the American Medical Association who live in the towns where these capsules are manufactured could be requested to investigate the factories. If the gelatin at these factories was found to be impure and dirtily made, a few letters written to *The Journal* and published, public opinion and the Food and Drugs Act could obtain pure, clean capsules for the administration of drugs.

It is indifference and neglect of things that are positively known to be objectionable that allow the American people to be imposed on.—*Jour. A. M. A.*

## PHTHISIS.—

- ℞ Syr. ferri iodidi, fl. 3 iv.  
Ol. morrhue, fl. ℥ j.  
Ext. pancreati, gr. xxiv.

M. Pone in capsulas No. xxiv.  
Sig. One capsule two hours after meals.

Indications.—Used in pretubercular phthisis and scrofula, if digestion is not disturbed.—*Ex.*

## LOTION FOR ACNE.—

- ℞ Potassii sulphuratis,  
Sulphuris præcipitati,  
Zinci sulphatis, aa 3 j.  
Aq., ad fl. ℥ iv.

M. Sig. Apply externally night and morning.—*Jour. A. M. A.*

**ACNE.**—Strychnine has been used by some, but a much superior agent is arsenic in the form of arsenous acid which may be used according to this formula:

℞ Acid. arsenosi, gr. ij.

Pulv. piperis nigris, 3 ij.

M. et ft. caps. No. 60. Sig. One capsule after each meal.

Locally the comedones may be covered with the following paste:

℞ Acid. aceti dil., 3 iss.

Glycerine, 3 ij.

Kaolini, 3 iiiss.

M. et ft. pasta. Sig. Apply at night.

Or the comedones may be forced out with a comedo extractor and a liberal application of peroxide of hydrogen. These methods will insure good results.—*Ex.*

**DYSENTERY IN CHILDREN.**—Ringer recommends hourly drop doses of wine of ipecac, especially if vomiting be present. Alonzo Clark gave five grains of bismuth subnitrate and  $\frac{1}{8}$  grain of morphine sulphate twice or thrice daily.—*Denver Med. Times.*

**I. PROPHYLAXIS OF MALARIAL FEVER.**—Prophylaxis is to take precautions against mosquito bites. This means to sleep upstairs, when possible, and, when in a malarial region, to be properly protected by mosquito netting, etc. Build up the general health if it is depressed, as all conditions of debility, whether chronic debility or the acute debility found in the convalescent from some acute disease, tend in malarial districts to allow the malarial plasmodia to get a footing in the system. All conditions of anemia should be carefully treated. If one goes to a malarial district, certainly for a time, prophylactic doses of quinin should be taken, viz., about three grains each day, in one dose.

Individuals who have an idiosyncrasy against quinin should not remain in a malarial region.

## 2. THE TREATMENT OF THE PAROXYSM.

Here our whole aim should be to shorten the chill and fever stages and to precipitate or hasten the third or sweating stage.

If we first see our patient during the fever and the skin is dry, pulse bounding, head throbbing, patient possibly almost delirious, temperature up to 104 or 105, or even 106, our best treatment is an antipyretic in some form, and perhaps none is better for an adult than acetanilid, as follows:

℞ Caffeine citratæ, gr. iij.

Acetanilidi, gr. vj.

Sodii bicarbonatis, gr. xxx.

M. et fac chartulas ij. Sig. Take one powder, with a half glass of water, at once, and the other if the first is soon vomited or the fever persists after four hours.

No quinin should be given during this stage of the fever, as all of the uncomfortable symptoms will be increased.

During the sweating stage it is well to do nothing except what is directly necessary for the immediate comfort of the patient. The "let-alone" treatment is what he wants, and he is generally contented and glad to rest.  
*Ex.*

**HAY FEVER.**—Dr. E. Fletcher Ingals suggests the following spray for hay fever:

℞ Resorcin, gr. v.

Adrenalin chloridi, gr. ss.

Acidi borici, gr. xv.

Aq. camphoræ (hot), 3 ss.

Glycerini, 3 ss.

Aq. dest., q. s. ad 3 ij.

M. Sig. Use as a spray to eyes and nose four or five times daily.—*Med. Bull.*



DIARRHEA IN INFANCY.—The following combinations are recommended by Yeo in the treatment of diarrheas occurring in infancy:

℞ Sodii bicarb., gr. iv.

Pulv. rhei, gr. iss.

Pulv. cinnamomi, gr. j.

M. Ft. chart. No. j. Sig. One such powder to be taken twice a day.

When curds of milk are present in the stools the following combination is recommended:

℞ Pulv. ipecac et opii, gr. 15.

Pulv. guaranæ, gr.  $\frac{3}{4}$ .

Pulv. sacchari albi, gr. 45.

M. Ft. chart. No. x. Sig. One powder every two or three hours.

In cases of profuse diarrhea without dyspeptic symptoms, the following combination is recommended:

℞ Tinct. kramerizæ, 3 ss.

Tinct. opii, m iss.

In cases of fetid diarrhea, in which there is marked evidence of putrefaction with foul odor, the following is recommended:

℞ Ferri sulphatis,

Sodii salicylatis, aa gr. xx.

Glycerini, 3 iij.

Aq., 3 iij.

Dissolve the sulphate of iron and the salicylate of soda separately and then mix. One tablespoonful every three hours until the stools are blackened.

In cases of ulcerative colitis, Yeo recommends the following combination as a rectal injection:

℞ Argenti nitratis, 3 ss-j.

Aq. dest., 3 ij.

Elevate the hips and allow the water to flow in slowly from a siphon bag.—*Merck's Archives*.

HYPERKERATOSIS.—

℞ Tanno-bromide, grm. j.

Vaseline, grm. xxix.

M. Sig. For external use.—*Bull. de Therap.*

FORMULA OF DOBELL'S SOLUTION.—

This excellent antiseptic solution, of especial use in nasal and laryngological work, now should be of uniform strength wherever prepared. The National Formulary specifying that it shall contain:

℞ Sodium borate,

Sodium bicarbonate, aa 3  $\frac{1}{2}$ .

Phenol, gr. 45.

Glycerin, 3 i.

Aq., q. s. ad 3 32.

*Ex.*

CHRONIC HYPERTROPHIC ADENITIS.

This affection, says Roberts, is best treated by blisters, tincture of iodine and firm pressure with a special truss; also with interstitial injections of alcohol and with cod liver oil and tonics.

*Denver Med. Times.*

CYSTITIS.—

℞ Strychninæ sulphatis, gr. i.

Tinct. cantharidis, gtt. 30.

Sacchari lactis, gr. 48.

Alcohol, q. s.

M. et ft tabellæ triturationes No. xxx. Sig. One tablet after meals.

Indications.—Used in cystitis with atony of bladder.—*Ex.*

STRANGULATED HERNIA.—In cases of strangulated hernia a simple enterostomy after cutting the neck of the sac will often save a life where a prolonged operation would result in death.—*Amer. Jour. of Surgery*.

INFLUENZA IN CHILDREN.—

℞ Sodium benzoate,

Antipyrine, aa gr. xxx.

Camph. tinct. opium, 3 iv.

Sparteine sulphate, gr. ij.

Pure ext. licorice, 3 j.

Syr. tolu, q. s. ad 3 ij.

Shake well. Teaspoonful four times a day for a child six to eight years old.—*Ex.*

**FUNCTIONAL IRREGULARITY OF THE HEART.**—Dr. James J. Walsh, New York (*International Clinics*) discusses this subject.

In treating the irregularity due to tobacco, he recommends after stopping the tobacco, strychnin as the most effective drug, but personally believes the tincture of *nux vomica* acts better than the alkaloid. He believes that the dose of *nux vomica* has not been used large enough, and advises as follows:

℞ Tinct. nucis vomicæ, fl. ʒ j.

Sig. Twenty drops in water, three times a day, after meals.

"After the first five days of the above dose," he "increases one drop a day for the succeeding five days, and then after another pause increases regularly again until there is some slight twitching of the muscles. The dose to be continued for five or six weeks after this should be about five drops short of this maximum amount."

Many patients complain of palpitation of the heart, combined with symptoms of dyspepsia, and are nervously worried about this heart irregularity. If there is real stomach indigestion, especially flatulency, as often is present, relief of it relieves the heart. Walsh finds but little need of pepsin or other digestants, but believes the most effective remedy to be rhubarb and soda.

℞ Misturæ rhei et sodæ, fl. ʒ iv.

M. Sig. A teaspoonful, in water, three times a day, after meals.

Much stress is laid on this kind of nervous stomach and heart disturbance being benefited by outdoor exercise and fresh air.

When there is considerable pain with these nervous palpitations, without any organic reason, a sort of pseudo-angina pectoris, he again finds the most benefit resulting from the use of *nux vomica* in large doses.

He emphasizes the necessity, in all of these nervous conditions, of relieving constipation. In these subjective palpitations of the heart he finds the bromids are of value, and especially the hydrobromic acid.

℞ Acidi hydrobromici diluti, fl. ʒ iv.

Sig. One-half a teaspoonful (or a teaspoonful) in plenty of water, three times a day, after meals.

This preparation of bromid he finds less likely to cause eruptions on the skin than the bromid salts. If these patients have a tendency to take colds readily, and if they last long and cause congestions of the lungs, he uses ammonium bromid.

℞ Ammonii bromidi, ʒ iv.

Syr. aurantii florum, fl. ʒ ij.

Aq., ad fl. ʒ iv.

M. Sig. A teaspoonful, in water, three times a day, after meals.

The palpitation that occurs in young people with chlorosis is relieved as soon as iron has improved the condition. Walsh believes that in these patients the new organic irons are entirely uncalled for, and that the old-fashioned forms of iron are the best. In this we heartily agree with him. A proper regulation of the diet, with red meats and vegetables that contain iron, with the administration of soluble Bland's pills he finds sufficient treatment.

℞ Pil. ferri carbonatis, No. xx.

Sig. A pill three times a day, after meals.

When palpitation of the heart is associated with a weak pulse he finds that tincture of *strophanthus* is the best treatment, and is better than *digitalis*.

℞ Tinct. strophanthi, fl. ʒ j.

Sig. Ten drops in water, three times a day, after meals.

In all kinds of nervous palpitations we should not forget the influence of

suggestion and also the assurance to the patient that "there is no organic disease of the heart."

Walsh has not mentioned the frequency of an increased thyroid secretion as a cause of these nervous hearts. This must always be taken into consideration in palpitation and irregularity of the heart occurring in women.  
*Jour. A. M. A.*

#### RENAL AND VESICAL CALCULI.—

℞ Tinct. veratri viridis, fl. 3 j.  
Morphinæ sulphatis, gr. ij.  
Ext. ergotæ fl., fl. 3 iv.  
Syr. zingiberis, fl. 3 j.  
Aq., q. s. ad fl. 3 iij.

M. Sig. Teaspoonful in water every two or three hours.

Indications.—To relieve vesical irritation and prostatic hemorrhage.—*Ex.*

#### ATTACKS OF GLAUCOMA.—

℞ Salicylate eserine, 0.25.  
Nitrate pilocarpine, 0.20.  
Aq. dest., grm. 10.

M. Sig. Drop in eye every five hours. Purge patient.—*Terrien, The Lancet-Clinic.*

OINTMENTS IN ACUTE AND SUBACUTE ECZEMA.—These should never in skin diseases be applied on lint or linen; butter-muslin is the best. In erythematous eczema, cold cream is an excellent basis for soothing ointments:

℞ Spermaceti,  
Ceræ albæ, aa 3 j.  
Ol. amygd. express.,  
Aq. rosæ, aa 3 x.

In applying ointments do not use an excessive quantity; the skin will only take up a certain amount of grease at a time.

In eczema of the axilla or the groin, or of parts where two surfaces are in close contact, the following ointment is useful:

℞ Emplast. plumbi,  
Petrolati, p. æq.

If something very soothing is required, the following is a suitable preparation:

℞ Pulv. camphoræ, gr. xxx.  
Zinci oxidi,  
Glycerini, aa 3 ij.  
Adipis benzoinati, 3 j.  
Cocci, gr. j.  
Ol. rosæ, m j.

In papular eczema an ointment largely used is:

℞ Hydrargyri ammoniati, gr. v.  
Liq. carbonis detergens, 3 ss.  
Petrolati, q. s. ad 3 j.

This is a very useful formula to remember, because it can be applied in many cases.

In some diseases it may be necessary to add chrysophanic acid; and it makes an excellent ointment for getting rid of infiltration if salicylic acid is added to it. In other cases it may be necessary to omit the liquor carbonis detergens.

Another good formula for papular eczema is:

℞ Liq. carbonis deterg.,  
Zinci oxidi, aa 3 j.  
Ungt. rosæ, 3 j.

Hydro-naphthol (2 per cent. in petrolatum) is applicable where there is much itching.—*The Hospital.*

#### INFANTILE COLIC.—

℞ Spir. ætheris compositi, fl. 3 j.  
Sig. Five to ten drops in cold water not oftener than every two hours.

Indication.—For child six months to two years old.—*Ex.*

#### ACUTE MANIA.—

℞ Amyleni hydrati,  
Elixiris aromatici, aa fl. 3 j.

M. Sig. One to two teaspoonfuls to soothe restlessness and induce sleep.  
*Ex.*

**INFLUENZA.**—To prevent nasal and aural complications, a small amount of the following may be introduced into the nares night and morning:

℞ Resorcini, gr. xv.

Mentholis, gr. ij.

Petrolati, 3 vj.

If there is a dry cough, expectoration may be encouraged by the following:

℞ Sodii benzoatis, 3 j.

Ammon. acetatis, 3 ij.

Spir. æther. comp., *m xxx.*

Syr. aurantii flor., 3 j.

Codeini, gr. iv.

Aq., 3 v.

Sig. Three to four tablespoonfuls daily.

The following may be used as an inhalation:

℞ Mentholis, 3 j.

Tinct. eucalypti, 3 j.

Aq. coloniensis, 3 iv.

Sig. A tablespoonful in a bowl of boiling water, inhaled by means of a funnel.—*Med. Press.*

**ANIMALS HEAL THEMSELVES.**—No respectable sheet should in these days be lacking in observations on this subject; the following, for which we are indebted to the *Providence Journal*, are therefore submitted: Animals are good amateur doctors, though admittedly they cannot compete with professional practitioners. For instance, the elephant, when wounded, goes straightway into the water and bathes there so long as his fever lasts, standing for many hours in the stream and squirting with his trunk the cooling water over his head and back. "It is pathetic to see him at this work; he is so patient over it, and all the while he heaves such deep, sad sighs." And when he has a nasty open cut he plasters it up neatly with mud. Dogs and cats, when they are ill, know the medicine they need; the former will eat

speargrass, and the latter will appropriately enough dose themselves with valerian, maxum and catmint. All animals like to visit the salt licks at certain seasons; these are not licks of rock salt, but of medicinal salts, such as we frequently take ourselves. There have even been stories of bird surgeons—birds that have set their broken legs and tied them up with string. But these, we fear, are the fabrications of nature fakirs. The others, however, our much esteemed exchange declares, are gospel truth.—*Ex.*

**MOUTH-WASH FOR DIABETICS.**—Croftan, in the *Clinical Review*, recommends:

℞ Betanaphtholis, gr. v.

Sodii boratis, 3 vj.

Aq. menth. pip., fl. 3 vj.

Aq. dest., O j.

M. Sig. To be used as a mouth-wash.

For bleeding gums the following should be used:

℞ Tinct. opii, fl. 3 vj.

Potass. chloratis,

Sodii boratis, aa 3 iiss.

Decocti althææ radices, O j.

M. Sig. To be applied to gums.  
*Ex.*

**FERMENTATION DYSPEPSIA.**—When fermentation is present with anorexia, the following formula after Ewald is advised:

℞ Tinct. nucis vom., 3 6.

Resorcin sublim., gr. 75.

Elix. simplicis, 3 3.

M. Sig. Ten to fifteen drops every two hours in a small amount of water.

"Or:

℞ Ext. condurango fl., 3 v.

Resorcin sublim., 3 j.

M. Sig. Thirty drops four times a day in water.—*Chicago Clinic.*

**TUBERCULOUS LARYNGITIS.**—E. B. Gleason (*Med. Bull.*) insists that systemic treatment is necessary, and indeed constitutes the principal part in the milder forms of the disease. In ulcerated lesions, the parts should be cleansed with a spray of equal parts of Dobell's solution and hydrogen dioxide, and the following used:

℞ Bismuthi subnitratis, 3 ij.  
Acaciæ, gr. xv.  
Iodoformi, 3 ss.  
Morphinæ sulphatis, gr. xx.  
Acidi tannici, gr. xxx.

M. Ft. pulvis. To be insufflated with a powder blower.

If the morphine is objectionable, it can be omitted from the formula.

Excessive pain on swallowing may be relieved by cocainizing the larynx either with the aid of an atomizer, or laryngeal applicator. A lozenge containing cocaine (0.25 to 0.5 grain) may be dissolved in the mouth before meals.—*N. Y. Med. Jour.*

**INHALATION IN CHRONIC BRONCHITIS.**—The *Bulletin Generale de Therapie* recommends the inhalation from a bottle provided with two tubes, of air saturated with the vapor of the following mixture:

℞ Ol. of eucalyptus, parts 30.  
Menthol, parts 5.  
Thymol, parts 2.  
Guaiacol, crystal, parts 5.  
Aq., parts 200.

M.  
*Med. Bull.*

**PSYCHIC TREATMENT OF INEBRIETY.**  
L. D. Mason, Brooklyn, N. Y., (*Jour. A. M. A.*) divides inebriates into two classes; those whose will power is not destroyed, but only latent as it were, and capable of being revived, and those in whom it is hopelessly impaired. It is the first of these classes that furnishes the converts in the temper-

ance revivals and the so-called successes of the various specifics or "cures" for alcoholism, and the good result here is not due to the medication, which acts indirectly perhaps as an aid to mental suggestion, but to the psychic stimulus and the environment. The conductors of the so-called "cures" are illogical in their use of remedies and, therefore, untrue in their assertions. Their practice is irrational and unethical, and they are in no sense humanitarian. They should not have the protection afforded regular medicine but should be brought under the laws regulating "patent" or proprietary medicines. There is no specific in the treatment of alcoholism or inebriety in the proper sense of the word. In a certain class of selected cases it is proper to use psychic treatment, especially before complications develop and while the patient is still responsive. If the case is complicated with organic disease appropriate medical treatment should precede or accompany psychotherapeutic measures if the latter are deemed advisable. *Med. Standard.*

**NEURALGIA OR ANY LOCAL PAIN.**—

℞ Gum camphor, ʒ ij.  
Chloral hydrate, ʒ iv.  
Ol. wintergreen, 3 iij.  
Fl. ext. cannabis indica, 3 j.  
Alcohol, q. s. ad ʒ iij.

M. Sig. Paint over course of nerve for neuralgia, or over seat of pain in muscular pains.—*Albright's Office Practitioner.*

**PUERPERAL CONVULSIONS.**—

℞ Elaterini, gr. ¼.  
Sacchari lactis, gr. 3.

M. Ft. chartulæ No. iij. Sig. One powder on tongue.

Indications.—Used during attack in sthenic cases to cause free watery purgation.—*Ex.*

ACUTE CRISTITIS.—Dr. J. Frank Lydston recommends:

R Potassii acet.,  
Ext. buchu fl.,  
Spir. ætheris nitros., aa  $\frac{3}{4}$  j.  
Codeine sulph., gr. iv.  
Infus. tritici repent., q. s. ad  
O j.

M. Sig. One-half ounce every three hours.—*Monthly Cyclopædia of Pract. Med.*

THERAPEUTIC VALUE OF MASTICATION.—It has long been recognized that the oral cavity constitutes an important factor in the physiology of digestion, and this importance is increased by the knowledge, now so universally prevalent, that many chronic diseases are directly dependent upon autointoxication originating in the intestinal tract. The part which the mouth and its accessory structures play in digestion is in fact of equal value with that assumed by the remaining portions of the alimentary canal, and this is of particular significance because it is here that the only part of the process resides which is under voluntary control. The oral cavity is concerned with the mechanical disintegration of the food, it regulates the temperature of the latter, and provides an admixture of saliva which, aside from its lubricating functions, affords a means by which the organs of taste are excited and the digestion of the carbohydrates begun. Pavlov has pointed out, the sensation of palatability conveyed by this means has an important psychical effect on the secretion of the gastric juice, and in addition, the peripheral stimulation of the gustatory nerve increases the potential energy of the entire nervous system. Monteouis and Pascalt (*Jour. des Practiciens*), following Fletcher and Chittenden in their modification of Cornaro's practice, believe that this

knowledge can be made of great practical value in the treatment of certain diseased conditions. Thorough mastication, it is quite evident, will serve to make even small quantities of food more efficient and sustaining. In addition to this, the assimilation of otherwise indigestible material is favored and the remaining portions of the alimentary tract are relieved of a certain amount of labor. Systematic mastication, therefore, they regard as of particular value in dyspepsia and autointoxication; arthritis and neurasthenias of various types, which are believed to depend on the latter, will consequently be especially benefited. Even when the diet is limited to fluids, the suggestion also holds good in a way, for in this case it is advised that the nutriment be taken in small quantities at a time, in order to gain the same advantages in the way of gradual introduction into the stomach and mixture with saliva which would otherwise be produced by the acts of chewing.—*Med. Rec.*

#### OPIUM HABIT.—

R Spir. ammoniæ aromatici,  
Spir. ætheris compositi, aa fl. 3  
vj.  
Aq. camphoræ, q. s. ad fl.  $\frac{3}{4}$   
viiij.

M. Sig. Two tablespoonfuls in water every two hours.

Indications.—For abdominal pain and for circulatory depression upon withdrawal of opium.—*Ex.*

TO ABORT A COLD.—The following will be found to be of value to abort a cold:

R Sodium salicylate, 3 ij.  
Aromatic spir. ammonium,  $\frac{3}{4}$  j.  
Syr. orange,  $\frac{3}{4}$  ij.

M. Sig. One teaspoonful in water every four hours.—*Burnett, Medical Summary.*

## COUGH IN BRONCHITIS.—

℞ Ammonii chloridi, 3 iss.  
Tinct. hyoscyami, fl. 3 iij.  
Syr. ipecacuanhæ, fl. 3 iss.  
Spir. frumenti, fl. 3 j.  
Aq. chloroformi, ad fl. 3 iv.

M. Sig. A teaspoonful in water every two hours.

Or:

℞ Codeinæ sulphatis, gr. iv.  
Ammonii chloridi, 3 iss.  
Syr. ipecacuanhæ, fl. 3 iss.  
Syr. acidi citrici, fl. 3 j.  
Aq., ad fl. 3 iv.

M. Sig. One teaspoonful in water every two or three hours.—*Jour. A. M. A.*

BATHS FOR CHILDREN.—Children differ greatly in the manner in which they react after a bath. It is a good plan for the physician to see for himself the effects of the bath upon the child, and to advise accordingly. If the infant be stimulated by its bath no change need be made, but if depression be caused, as shown by blueness of the hands and feet or by subnormal temperature, the bath should be made hotter and the duration shortened until the proper combination is secured. *DeForest, Med. News.*

## ICHTHYOSIS.—

℞ Resorcini Merck, gr. xv.  
Aq., m xxx.  
Lanum, 3 v.  
Petrolati, 3 iij.  
Ol. lavandulæ, gtt. vj.

M. Sig. Rub in twice a day.—*Merck's Archives.*

IODINE IN TYPHOID FEVER.—Dr. Geo. V. Perez writes (*Brit. Med. Jour.*) that be the explanation what it may he is convinced that iodine has a marked and beneficial influence in typhoid fever. If administered from the beginning it acts almost like a

specific, shortening the duration of the illness which in some cases it appears to abort and modifying favorably most of the symptoms. It acts, probably, principally by stimulating the leucocytosis.

The way of administering the tincture is as follows: Three to fifteen minims of the tincture are mixed with one or two drams of rum or cognac and one or two ounces of water with a little sugar. This dose is administered three or four times in the 24 hours.—*Ex.*

ENURESIS.—The following formulæ by Sheffield are recommended in the treatment of enuresis:

℞ Ext. ergotæ, fl. 3 iij.  
Ext. rhus toxicodendron, fl. 3 j.

M. Sig. Five to ten drops every four to six hours.

In cases of incontinence due to hyperesthesia of the neck of the bladder irritating foods should be avoided, sitz baths employed, and the following antispasmodic mixture given:

℞ Ext. hyoscyami, 3 ss.  
Sodii bromidi, 3 j.  
Aq. anise, 3 j.  
Syr. simp., q. s. ad 3 ij.

M. Sig. One teaspoonful every four to six hours. Counter-irritation by means of mustard plaster should be employed over the lumbo-sacral region. *Jour. A. M. A.*

## WHOOPIING-COUGH.—

℞ Aluminis,  
Tinct. belladonnæ, aa gr. 48.  
Syr. aurantii florum, fl. 3 j.  
Aq., q. s. ad fl. 3 iij.

M. Sig. Teaspoonful every four hours.

Indications.—Used during paroxysmal stage if excessive cough results from profuse bronchial or pharyngeal secretion. For child four to six years old.—*Ex.*

# Johann Hoff's Malt Iron

is an ideal preparation to build up

## BLOOD and BODY

and is more readily absorbed into the  
circulatory fluid than any other iron  
preparation.

It is of marked value in all forms of  
Anemia, Chlorosis and General Debility

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## TREATMENT OF INFLUENZA

### CORD. EXT. OL. MORRHUAE COMP. (Hagee)

SUSTAINS THE VITAL FORCES, CONTROLS THE NERVOUS SYMPTOMS,  
AND LESSENS THE TENDENCY TO INFLAMMATORY COMPLICATIONS.

Modern scientific methods have succeeded in extracting all the valuable properties from the grease, nothing being lost in the process. All the valuable properties of cod liver oil minus the grease and fishy odor are joined with the hypophosphites of lime and soda in the form of a pleasant and palatable cordial.

Put up in 16-oz. bottles only. Dispensed by all druggists.

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**THE OLDER MASTERS OF VENEREOLOGY.**—The older masters of venerology were very particular to keep their gonorrhoeal patients on demulcent drinks and a low diet, and accomplished much good by this course. The soothing demulcent effect of Sanmetto renders it an ideal remedy in gonorrhea.

**WINTER COUGHS—GRIPPAL NEUROSES.**—That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calnative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

Antikamnia has also stood the test

of exhaustive trial, both in clinical and regular practice and has been proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore, Antikamnia and Codeine Tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, gripal conditions, etc.—*The Laryngoscope*.

The doctor's horse plays an important part in his daily practice and gets a good share of the hard work. To keep your horses in condition there is nothing better than the Monogram Remedies, advertised in this issue of the MONTHLY. Hundreds of testimonials from horse owners attest this fact.

S. D. Caldwell, writing from Emsburgh Falls, Vt., says:  
Woodnett Monograph Remedy Co.,

**GENTLEMEN:** Enclosed please find check for eight dollars (\$8.00), for one doz. boxes of your Worm Powders. I saved a colt for my neighbor, eight months old. It was nearly dead, no life, and now it runs and plays and is doing fine, and he wants another box for his brood mare, so I think I can easily get rid of the Powders, as I

want some myself. I certainly know they have saved two colts for me.

Yours very truly,

Signed—S. D. Caldwell,

Enosburgh Falls, Vt., Feb. 13, 1908.

Meatox, the new concentrated granulated dry beef food, will meet every requirement where a food of high nutritive value is desired.

Meatox is *not* an extract of beef. It is not a predigested food. It is the fibre of lean beef, sterilized and dried. It is free from preservatives, but will keep fresh indefinitely in unsealed containers. It is more easily digested than egg albumen.

Meatox is palatable, and can be administered either in its original granulated form, or mixed with soft boiled eggs, hominy, oatmeal, soup, broth or any kind of food which may best agree with the patient. One ounce of Meatox is equal in nutritive value to about five ounces of the best lean beef. Following is the analysis of Meatox:

|  |        |
|--|--------|
| Moisture   | 4.80   |
| Celery Flavoring (residue<br>from alcohol extract) | 2.21   |
| Sodium Chloride                                    | 4.56   |
| Proteid Matter                                     | 73.54  |
| Insoluble Matter                                   | 9.43   |
| Total  | 94.54  |
| Ash  | 4.96   |
|  | 99.50  |
| Loss   | .50    |
|  | 100.00 |

A NEW METHOD OF TESTING THE FUNCTIONS OF THE DIGESTIVE APPARATUS.—Einhorn (*Therapeutic Gazette*, January, 1908) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances.

Practically this test is made as fol-

lows: Patients are given in a gelatin capsule a string of beads with the following substances attached thereto: catgut, fish-bone, meat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool sieve until the bead-string has been recovered. If diarrhea is present the sifting may not be necessary, as the bead-string can readily be seen (usually at the bottom of a glass vessel).

Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal we find that catgut, meat and potato (except the skin) disappear entirely, thymus and fat almost entirely, whereas the fish-bone usually disappears, but occasionally it may be present. The nuclei of the thymus always disappear. In pathological conditions deviations from the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturbances of the digestive function).

The author divides his cases of intestinal digestive disturbances into two groups:

1. Those of pure nervous intestinal dyspepsia. 2. Those of genuine intestinal dyspepsia.

In that great class of cases of intestinal dyspepsia, in which the starch digestion alone is disturbed, Taka-Diastase (Takamine) has proved of especial value.

POST-HEMORRHAGIC ANEMIA.—The anemia which follows the hemorrhages of trauma, gastric or intestinal ulcers, severe epistaxis, child birth, profuse menstruation or hemorrhoids presents a clinical picture that is so well-known that it requires no description.

Examination of the blood immedi-

ately after a severe hemorrhage usually shows no apparent change in its number of corpuscles, for the portion lost withdrew the blood as a whole, and the portion remaining in the body, while decreased in volume, will be found to contain a normal ratio of the fluid and cells. Shortly after a hemorrhage, however, the tissues of the body give up large quantities of fluid to restore the necessary volume of the blood and a condition of true hydremia ensues. Examination of the blood three or four hours after a severe hemorrhage, therefore, shows a very marked oligocythemia. Reconstruction must now take place and the response to the bodily demand is sometimes remarkably prompt, but in most instances it is a hard up-hill fight. This is to be expected, for the disproportion between the cells and the fluid elements of the blood, and the essential depression of all vital functions, makes recuperation a difficult process at best.

Much can be done, however, to assist the body in its efforts to restore normal conditions. The first and most essential requirement is absolute rest in a prone position. In some instances, it may be necessary for a few days to have the couch or bed tilted so that the patient's head shall be lower than the feet. Sudden movements or a sudden rising to an upright posture must be strictly interdicted as these are always liable to produce a fatal syncope. Following severe hemorrhage, the blood pressure is always lowered, and even if a certain degree of tension is apparently restored, it is very unstable, and may be lost instantly with all of the resulting dangers on the heart and central nervous system.

Another precaution to be taken is to frequently change the patient's posture from one side to the other. The hydremic state of the blood, and the loss of blood tension predisposes to

gravitation œdema in the lungs and other organs, and the simple procedure of changing the patient's position often avoids annoying and serious complications.

Considerable quantities of water are always necessary after hemorrhage, but it should never be given in large amounts at any one time. Two or three tablespoonfuls at a time by the mouth every few minutes is much more beneficial than to allow a patient to drink to satiation. Excessive thirst is always soon controlled by small enemas (one pint) of saline solution, as warm as can be borne, repeated every three or four hours. These also serve admirably to very materially raise arterial tension. It is no uncommon thing to observe complete anuria for even 24 hours after severe hemorrhages, but the warm saline enemas soon correct this condition.

Feeding is one of the most important details in post-hemorrhagic treatment. Liquid food should be used in preference to solids for obvious reasons, and may consist of milk, beef extracts, white of eggs, etc. Small quantities should be given at short intervals, as it must be remembered that the digestive function is always more or less depressed and can only do a portion of its usual work. A good reliable hematic is early necessary, one that can materially hasten hematosis without endangering the digestive and assimilative functions in any way, shape or fashion. Pepto-Mangan (Gude) is one of the most dependable remedies of this class and its hematopoietic properties are well-known. Under its use the cellular elements of the blood are rapidly increased, and the whole physical condition is greatly improved. The various organs resume their functions and the distressing and dangerous effects of hemorrhage are safely and properly overcome.

# A Delightful Revelation.

The value of senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of Californian figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of Californian Figs, 75 parts.

Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only, 25 parts.

Its production satisfies the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

## Its Ethical Character.

Syrup of Figs and Elixir of Senna is an ethical proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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